

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021610
STATE FILE NUMBER

FILED JUN 25 1957

Registration District No. 155 Primary Registration District No. 4244 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN CARTERVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CARTERVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 21 WEST MAIN ST			Length of stay in 1b		d. STREET ADDRESS 321 WEST MAIN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE LAST GUY HENRY WATTERSON				4. DATE OF DEATH Month Day Year 6 14 1957					
5. SEX MALE <input type="radio"/>		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-16-1903		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VARIOUS WORK		10b. KIND OF BUSINESS OR INDUSTRY VICKERS		11. BIRTHPLACE (City and state or country) HARTZHORN OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13. FATHER'S NAME JOHN WATTERSON				14. MOTHER'S MAIDEN NAME LERA GAY FARNELL					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NP			16. SOCIAL SECURITY NO.		17. INFORMANT Address SYLVIA WATTERSON CARTERVILLE, MO				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Silico Tuberculosis								INTERVAL BETWEEN ONSET AND DEATH Five years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE					
21. I attended the deceased from <u>Aug., 1956</u> to <u>6-14-57</u> and last saw her ^{him} alive on <u>6-14-57</u> Death occurred at <u>1:40</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Denote title) <i>James V. Flaherty M.D.</i>				22b. ADDRESS 319 W. Main St., Carterville, Mo.				22c. DATE SIGNED 6-17-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/17/57		23c. NAME OF CEMETERY OR CREMATORY G. F. R. CEMETERY		23d. LOCATION (City, town, or county) (State) MIAMI, OKLAHOMA.			
24. FUNERAL DIRECTOR HEDGE LEWIS			ADDRESS WEBB CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 6-17-57		26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared for burial
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Richard Gray*
Licensed Embalmer No.

P. O. Address *Wabbe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.