Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32473

FILED OCT 1 1957

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 156

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wallace Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 359 Brice Road — Reside on Farm Yes [ ] No [X]

0532

3. NAME OF DECEASED (Type or print) First: Galena Middle: Last: Watson
4. DATE OF DEATH Month: Sept. Day: 21 Year: 1957
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Feb. 18, 1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bankston, Ala.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Keller
13b. MOTHER'S MAIDEN NAME Nancy Hallmark
14. NAME OF HUSBAND OR WIFE Henry Watson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-38-9564
17. INFORMANT Mrs. Ida B. Gill, Address Decatur, Ill.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture, Neck left femur — INTERVAL BETWEEN ONSET AND DEATH 2 wks.
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) Intra Cranial hemorrhage.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 9/7/57 to 9/21/57 and last saw her/him alive on 9/21/57
Death occurred at 9.45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. H. Johnson (Degree or title) MD
22b. ADDRESS Lebanon Mo
22c. DATE SIGNED 9-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/24/57
23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery
23d. LOCATION (City, town, or county) (State) Lebanon, Missouri

24. FUNERAL DIRECTOR R. Palmer ADDRESS Lebanon Mo
25. DATE RECD. BY LOCAL REG. 9-23-1957
26. REGISTRAR'S SIGNATURE Ella L. May

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be tolerated. All diseases in Part I must be causally related.

OCT 9 1957

Received 9-30-57

Laclede County Health Unit

File No. 156

Date Filed 9-30-57

VS JUN 24 1959

STATEMENT BY LICENSED EMBALMER

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

Student .....
Signature of Student Embalmer

Signed Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.