

FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33019  
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4422 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Putnam</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lucerne</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lucerne</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <b>29 Yrs.</b>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Amanda</b> Middle <b>Watson</b> Last <b>Watson</b>				4. DATE OF DEATH Month <b>September</b> Day <b>24</b> Year <b>1957</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/></b> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 10, 1859</b>		9. AGE (In years last birthday) <b>98</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>14</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Putnam County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>George Washington Fields</b>				14. MOTHER'S MAIDEN NAME <b>Lucy Durea</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Carrie Hendrix Lucerne, Missouri</b>			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Nephritis</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Chronic Myocarditis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Chronic Myocarditis</b>								INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b> <b>15 yrs.</b>	
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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <b>June 15, 1941</b> to <b>Sept 24, 1957</b> and last saw her/him alive on <b>Sept 24, 1957</b> Death occurred at <b>5 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>G. Dale D.O.</b>				22b. ADDRESS <b>Newtown, Missouri</b>			22c. DATE SIGNED <b>9/26/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 28, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lucerne Cemetery</b>			23d. LOCATION (City, town, or county) <b>Lucerne, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Comstock Funeral Home</b> By <b>John D. Comstock</b>				ADDRESS <b>Unionville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-5-57</b>		26. REGISTRAR'S SIGNATURE <b>Marcell Durbin</b>	

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 *John N. Comstock* .....

Licensed Embalmer No. 38

P. O. Address *Thosville*

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.