

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35612**

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL			
b. CITY (If outside corporate limits, write RURAL and give township) WEST PLAINS		c. LENGTH OF STAY (In this place) 73 yrs		c. CITY OR TOWN WEST PLAINS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hosp.				e. STREET ADDRESS (If rural, give location) 3rd & Jackson Str.			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) PAYTON c. (Last) WATSON			4. DATE OF DEATH (Month) (Day) (Year) Oct 11, 1957				
5. SEX <input checked="" type="checkbox"/> male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jun 29, 1866	
9. AGE (In years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant, ret.		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and State or Foreign Country) Obion Co, Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Watson		13b. MOTHER'S MAIDEN NAME Sarah Nash		13. NAME OF HUSBAND OR WIFE Kate Hard Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Adah Burroughs, W. Plains, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Arteriosclerosis, Hypertension DUE TO (c) Myocarditis & Prostatic Hypertrophy II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2 Oct, 1957 , to 11 Oct, 1957 , that I last saw the deceased alive on 10 Oct, 1957 , and that death occurred at 6:30 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) D. M. D.				23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED Oct 13 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13, 1957		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.		24d. LOCATION (City, town, or county) (State) WEST PLAINS, Mo. 1957	
DATE REC'D BY LOCAL REG. 10-14-57		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thourough		ADDRESS THOURBROUGH FUNERAL HOME WEST PLAINS, MO.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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OCT 2 3 1957

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 *Hal Shouber*.....

Licensed Embalmer No. 340

P. O. Address W. Plait

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.