

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39050

State File No.

FILED DEC 9 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>409</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> ✓			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Kirksville</u>		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 <u>K. O. H.</u>				STREET ADDRESS (If rural, give location) <u>311 E. McPherson St.,</u> <u>003</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u>		b. (Middle) <u>Adelia</u>		c. (Last) <u>Watson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1957</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 21, 1885</u>	
9. AGE (In years last birthday) <u>72</u>		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) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greentop, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Perry Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Voorhies</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Henry Watson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruth Evalee Watson, Kirksville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Trauma - generalized & cerebral contusions</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>11-23-57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cerebral contusions & edema</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT <u>Street</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirksville Adair Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-21-57 5:20 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by automobile</u>			
22. I hereby certify that I attended the deceased from <u>11-21</u> to <u>11-27, 1957</u> , that I last saw the deceased alive on <u>11-26, 1957</u> and that death occurred at <u>6:15 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Adrian Lomb</u> (Degree or title) <u>Ad</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>11-27-57</u>	
24a. BURIAL, CREMATORY, OR OTHER (Specify)		24b. DATE <u>11/29/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sabbath Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-1-1957</u>		REGISTRAR'S SIGNATURE <u>Dore W. Ratliff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Kirksville, Mo.</u>			

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

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Kenneth E. Hayes*

Licensed Embalmer No. *4890*

P. O. Address *Richwood, Mo.*

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.