

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006953
STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 65

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Francois</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Frankclay</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Francois</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Frankclay</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
Length of stay in lb <u>18 yrs.</u>		Inside Limits OR TOWN <u>Frankclay</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits OR TOWN <u>Frankclay</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Roger</u>	Middle <u>Lee</u>	Last <u>Watson</u>	Month <u>Feb.</u>	Day <u>14</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 12, 1940</u>	9. AGE (In years last birthday) <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Frankclay, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Homer Watson</u>			14. MOTHER'S MAIDEN NAME <u>Lula Gilliam</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>3533</u>	17. INFORMANT <u>Homer Watson</u> Address <u>Frankclay, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Epileptic state</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Epilepsy</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <u>8:00</u> Month <u>Feb.</u> Day <u>14</u> Year <u>1958</u>		
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 <u>Frankclay</u> COUNTY <u>St. Francois</u> STATE <u>Mo.</u>

21. I attended the deceased from <u>Feb 11, 1958</u> to <u>Feb 14, 1958</u> and last saw her/him alive on <u>Feb 14, 1958</u> Death occurred at <u>8:00 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>John W. Hunt Jr M.D.</u> (Name or title)	22b. ADDRESS <u>Leadwood Mo.</u>	22c. DATE SIGNED <u>2/17/58</u>

23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/17/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Adams Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Frankclay, Missouri</u>
24. EMBALMER DIRECTOR <u>Bert L. Boyer</u> ADDRESS <u>Leadwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 17, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

MEDICAL CERTIFICATION

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 *William E. Boyer*

Licensed Embalmer No. *47*

P. O. Address *Ludwood*

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.