

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25914-58  
58-015119  
State File No.

FILED APR 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 60

0738

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stellia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheaton</u>	
c. LENGTH OF STAY (In this place) <u>4 hrs. 34 min.</u>		d. STREET ADDRESS (If rural, give location) <u>P.O. Box</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Cardwell Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>Girl</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 4 58</u>		
5. SEX <u>F. 1</u>	6. COLOR OR RACE <u>W. + a.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>0</u>	8. DATE OF BIRTH <u>4/4/58</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u> Days <u>34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>Amer.</u>	

13a. FATHER'S NAME <u>Leslie Paul Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Oakley</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leslie Paul Watson Wheaton Mo</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atelelectasis</u> DUE TO (c) <u>Prematurity (36 wks. gestation)</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Placenta previa - hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>1 1/2 hrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 9:30 am, 1958, to 2:04 PM, 1958, that I last saw the deceased alive on 4/4, 1958, and that death occurred at 2:04 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred R. Clark D.O. - Wheaton, Mo.</u>		23b. ADDRESS		23c. DATE SIGNED <u>4/4/58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April-5-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cemetery Newton Co Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>4-6-58</u>		REGISTRAR'S SIGNATURE <u>Mered Moberly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McQueen Funeral Home Wheaton Mo.</u>	
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RECEIVED

Health Officer No. Newton

Licensee No. 458-82

Date Filed Apr 15 1958

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 \_\_\_\_\_

not embalmed

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.