

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022619
STATE FILE NUMBER

REC'D JUN 23 1958 Registration District No. 211 Primary Registration District No. 5177 4-3-24 Registrar's No. 19-58

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Tuscumbia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. So. Tuscumbia		Length of stay in lb 6 mo.	d. STREET ADDRESS (If outside, give location) 0660 1 mi. So. Tuscumbia
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ralph EARL Watson			4. DATE OF DEATH Month Day Year June-17 1958		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 15 Aug-1910		9. AGE (In years last birthday) 47
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Gen-Farming	11. BIRTHPLACE (City and state or county) MILLER-Co-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John-L. Watson		13b. MOTHER'S MAIDEN NAME Lottie-MAY-Umstead		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO None		16. SOCIAL SECURITY NO.		17. INFORMANT Gardie-McDANIEL - Tuscumbia-Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK AND HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH 2 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) TRAUMATIC AVULSION OF L. SIDE BRW			
DUE TO (c) SHOT GUN WOUND 976X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Month, Day, Year 10:15 a.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	20f. CITY, TOWN, OR LOCATION Tuscumbia-Mo	COUNTY Miller	STATE Mo
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____.
Death occurred at **10:17 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. S. Humphreys D.O. Coroner 3	22b. ADDRESS Tuscumbia-Mo	22c. DATE SIGNED 19 June 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 20 June 1958	23c. NAME OF CEMETERY OR CREMATORY Mt-Zion	23d. LOCATION (City, town, or county) MILLER-Co-Mo
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24. FUNERAL DIRECTOR Keith McKays	ADDRESS ELDON Mo	25. DATE RECD. BY LOCAL REG. June 19, 1958	26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

JUN 20 38

**Miller County
Health Department**

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 *Keith M. Keys*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.