

Dept. Health,
& Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029303
STATE FILE NUMBER

FILED AUG 20 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3718

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Raytown</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		Length of stay in 1b <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>18905 E 57th</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>—</u> Last <u>Watson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>30</u> Year <u>1958</u>	
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 29 1901</u>	9. AGE (In years last birthday) <u>55</u>	10. UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	11. UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Blayton, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Clarence E. Holt</u>	13b. MOTHER'S MAIDEN NAME <u>Maud Townsend</u>	14. NAME OF HUSBAND OR WIFE <u>Arnold Watson</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Frank Brown</u>	Address <u>Sacramento, Cal</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 3 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypertension (C.V.A.)</u>	
	DUE TO (c) <u>Chronic Interstitial Renal Disease</u>	
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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Sudden onset occurred after visiting husband at hospital.</u>
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20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</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.) <u>—</u>	20f. CITY, TOWN, OR LOCATION <u>—</u>	COUNTY <u>—</u>	STATE <u>—</u>
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21. I attended the deceased from Death occurred at <u>Memorial Hosp. 1958</u> on the <u>30th</u> day of <u>July</u> 19 <u>58</u> at <u>8:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	and last saw her alive on <u>30 July 58</u>
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22a. SIGNATURE (Degree or title) <u>R. C. Oason MD</u>	22b. ADDRESS <u>4620 Nichols Pkwy</u>	22c. DATE SIGNED <u>Aug 1 58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 1, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Base Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Tulsa, Okla</u>	(State) <u>—</u>
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24. FUNERAL DIRECTOR <u>Walter L. Taylor - Raytown, Mo</u>	ADDRESS <u>—</u>	25. DATE RECD BY LOCAL REG. <u>8-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>
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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.

A.C. CLASEN USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

AUG 20 1958



AUG 28

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 *Dillon A. Taylor*

Licensed Embalmer No. *4225*

P. O. Address *Raytown, 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.