Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-029427
STATE FILE NUMBER

FILED AUG 26 1958

Registration District No. 156 Primary Registration District No. 2009 Registrar's No. 405

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Howell |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN Willow Springs 0460 — Inside Limits Yes ☐ No ☐ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2301 Pennsylvania — Length of stay in Ib 2 weeks | d. STREET ADDRESS Unknow (If outside, give location) — Reside on Farm Yes ☐ No ☐ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: Mary — Middle: Frances — Last: Watson | | | 4. DATE OF DEATH Month, Day, Year: August 16, 1958 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARITAL STATUS: MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH: June 13, 1889 |
| 9. AGE (In years last birthday): 69 — 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): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country): Ozark County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME: John Berry | 13b. MOTHER'S MAIDEN NAME: Lizzie Goble | 14. NAME OF HUSBAND OR WIFE: Zack Watson | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Kate Maddox, 2302 Pennsylvania — Address | |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — 15 Mins

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Stroke or Apoplexy — 3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Did not see alive and last saw alive on

Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): Dove Merriam, Registrar | 22b. ADDRESS: 201 Joplin St. Joplin Mo | 22c. DATE SIGNED: 8-21-58 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: August 20, 1958 | 23c. NAME OF CEMETERY OR CREMATORY: Willow Springs City | 23d. LOCATION (City, town, or county) (State): Willow Springs, Missouri |
| 24. FUNERAL DIRECTOR — ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo. | | 25. DATE RECD. BY LOCAL REG.: 8-21-1958 | 26. REGISTRAR'S SIGNATURE: Dove Merriam |

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Robert C. Holler

Licensed Embalmer No. 5062

P. O. Address Box 134

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.