Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043415

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 43 Primary Registration District No. ——— Registrar's No. 745

1. PLACE OF DEATH a. COUNTY BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) RURAL* NEELYVILLE — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN NEELYVILLE 0120 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. North — Length of stay in Ib 27 years	d. STREET ADDRESS Star Route (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: ALBERT Middle: Last: WATSON				4. DATE OF DEATH Month Day Year: Dec. 24, 1958
5. SEX: male	6. COLOR OR RACE: colored	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Jan. 10, 1896	9. AGE (In years last birthday): 62 — 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): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Arkansas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Unknown			14. NAME OF HUSBAND OR WIFE: Deceased
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: Mrs. Fanny Peterson	Address: Chicago, Illinois

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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

DUE TO (b) Arteriosclerotic Heart Disease — Years

DUE TO (c) Advanced Age 4200

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 ☐ 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 March 18, 1952, to Dec. 24, 1958 and last saw him alive on Dec. 24, 1958. Death occurred at 9:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. L. Smith (Degree or title) DO.	22b. ADDRESS: Box 68, Naylor, Mo.	22c. DATE SIGNED: 12-28-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 12/28/1958	23c. NAME OF CEMETERY OR CREMATORY: Neelyville Cem.	23d. LOCATION (City, town, or county) (State): Neelyville, Missouri	
24. FUNERAL DIRECTOR: Edwards-Perrent	ADDRESS: Naylor, Mo.	25. DATE REC'D. BY LOCAL REG.: 1/3/59	26. REGISTRAR'S SIGNATURE: [illegible]	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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JAN 12 1959

MAR 17 1959

FILE No.

JAN 12 1959

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 Gene H Parsent

Licensed Embalmer No. 4809

P. O. Address Naylor, N

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.