

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045060

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 255

Primary Registration District No. 4387

Registrar's No. 41

5. 300  
1.-57

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

1. PLACE OF DEATH a. COUNTY Oregon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Alton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Alton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 20 years	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Rolla Gilmer Watson			4. DATE OF DEATH Month Day Year December 17, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days 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) Lincoln, Nebraska		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Watson		13b. MOTHER'S MAIDEN NAME Gilmer		14. NAME OF HUSBAND OR WIFE Clara Mabel Watson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 497-30-2004	17. INFORMANT Address Mrs. Rolla G. Watson, Alton, Missouri		
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>Bronchopneumonia</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>4 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500				INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from <u>October 12-58</u> to <u>Dec 16, 1958</u> and last saw her alive on <u>Dec 16, 1958</u> Death occurred at <u>12-17-58</u> <u>9</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dee or title) <u>Jan E. Talle MD</u>			22b. ADDRESS <u>Mammoth Spring, Ark</u>		22c. DATE SIGNED <u>12-23-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE <u>12-19-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove Cemetery</u>	23d. LOCATION (City, town, or County) <u>Alton, Missouri</u>	(State)	
24. FUNERAL DIRECTOR <u>Gleason Davis</u>		ADDRESS <u>Shreve Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-29-58</u>	26. REGISTRAR'S SIGNATURE <u>mauc Johnson</u>	

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 *Shamir Carter* .....

Licensed Embalmer No. *4576* .....

P. O. Address *Shamir Carter* .....

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.