

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046871

STATE FILE NUMBER

FILED DEC 16 1958 Registration District No. 323 Primary Registration District No. 6090 Registrar's No. 34

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sweet Springs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Sedalia</b> <b>68040</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. 21 City Hospital - Sweet Springs twasp.</b>		Length of stay in lb <b>6 wks</b>	d. STREET ADDRESS (If outside, give location) <b>201 East Walnut</b>
3. NAME OF DECEASED (Type or print) First <b>EDITH</b> Middle <b>WATSON</b> Last <b>WATSON</b>			4. DATE OF DEATH Month <b>December</b> Day <b>4</b> , Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 11, 1873</b>
9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Saline County, Missouri</b>
13a. FATHER'S NAME <b>Elliott Griffith</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Balthazer</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Watson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT (Address) <b>Mrs. Walter Kurtz, Route 2, Sweet Springs, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerosis Heart Disease</b> DUE TO (c) <b>Emboloid Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <b>Chronic Congestive Heart Failure. 4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b> <b>10 years</b> <b>30 years</b>
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 _____, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <b>Nov 22, 1958</b> to <b>Dec 4, 1958</b> and last saw her alive on <b>Dec 4, 1958</b> Death occurred at <b>12:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Typed or printed) <b>Charles A. Worley M.D.</b>		22b. ADDRESS <b>Sweet Springs, Mo.</b>	22c. DATE SIGNED <b>12-4-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/8/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
24. FUNERAL DIRECTOR <b>W. Duane Spring</b>		25. DATE RECD. BY LOCAL REG. <b>Dec. 6, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mary Morley</b>

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SECRETARY: Charies A. Worley, M.D. All diseases in Part I must be causally related. No symptoms will be listed.

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 *P. E. Baker* .....

Licensed Embalmer No. *2419* .....  
P. O. Address *Sedalia* .....

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.