THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-005338
STATE FILE NUMBER

FILED MAR 9 1959

State Registration District No. 139 Primary Registration District No. _____ Registrar's No. 11

**1. PLACE OF DEATH**
a. COUNTY: Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lewis Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5 Mi NE of Oregon — Length of stay in Ib: 35 Years

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Holt
c. CITY OR TOWN: Oregon (Rural) 0440 C — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print): First: BERTHA Middle: MAE Last: WATSON

**4. DATE OF DEATH**: Month Day Year: February 27, 1959

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
**8. DATE OF BIRTH**: 5/21/1888
**9. AGE** (In years last birthday): 70 — 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): Maitland, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: William H. Keller
**13b. MOTHER'S MAIDEN NAME**: Mattie Hodge
**14. NAME OF HUSBAND OR WIFE**: Isaac 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** Address: Isaac Watson, Oregon, Missouri

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 1 wk
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4281
**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☐ 0

**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 Dec 1, 1958, to Feb 27, 1959 and last saw her/him alive on Feb 27, 1959
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**: J. F. Sweeney (Degree or title): M. D. C
**22b. ADDRESS**: Oregon, Missouri
**22c. DATE SIGNED**: 3/2/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 3/1/59
**23c. NAME OF CEMETERY OR CREMATORY**: Oregon Cemetery
**23d. LOCATION** (City, town, or county) (State): Oregon, Missouri

**24. FUNERAL DIRECTOR**: James L. Pettijohn ADDRESS: Oregon, Mo.
**25. DATE RECD. BY LOCAL REG.**: 3-3-1959
**26. REGISTRAR'S SIGNATURE**: James Robert Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

## 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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.