

Health, Welfare, and Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008278
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 1 Primary Registration District No. 3.000 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Shelbina 06-90 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Isaiah Middle Watson Last Watson			4. DATE OF DEATH Month March Day 26th Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10/4/1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 6 Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Marion Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Steffen Watson		13b. MOTHER'S MAIDEN NAME Martha Crane		14. NAME OF HUSBAND OR WIFE Nellie Watson Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 725-14-6311		17. INFORMANT Rex Gosney Address Shelbina Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GANGRENE OF LEG			INTERVAL BETWEEN ONSET AND DEATH 3-12-59
DUE TO (b) ARTERIOsCHEROSIS OBsITERANS			UNKNOWN
DUE TO (c) 4251			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial ischemia - NEPHROsCHEROSIS			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 WORK <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 **3-13-59** to **3-26-59** and last saw ^{her}him alive on **3-25-59**
Death occurred at **12:40 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul Laughlin Jr So 2	22b. ADDRESS Kirkville, Mo	22c. DATE SIGNED 3-30-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/28/1959	23c. NAME OF CEMETERY OR CREMATORY Andrews Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Marion Co Mo
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24. FUNERAL DIRECTOR Barkelaw & Davis	ADDRESS Shelbina Mo	25. DATE RECD. BY LOCAL REG. 4-7-1959	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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(Licensed Embalmer's Statement on Reverse Side)

EARL LAUGHLIN JR. D.D. MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Henry A. Barkley*

Licensed Embalmer No. *3835*
P. O. Address *Helena*

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.