

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029763

FILED VS. AUG 27 1959

Registration District No. 200

Primary Registration District No.

Registrar's No.

140

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JACKSON TOWNSHIP</b>		c. CITY OR TOWN <b>ATLANTA</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>EULA Margaret WATSON</b>			4. DATE OF DEATH <b>8-12-1959</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"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH <b>10/25/1876</b>		9. AGE (last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>17</b> Hours <b>-</b> Min. <b>-</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>MACON CO.</b>		
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>William Henry Keel</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Mildred Grady</b>		
14. NAME OF HUSBAND OR WIFE <b>Andrew Watson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Mildred Porter - CLARENCE, MO</b>		18. ADDRESS		19. Address		

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>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hr</b>
DUE TO (b) <b>Arteriosclerosis</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive Heart Disease - Smiling</b>		

19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)	
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20c. TIME OF INJURY Hour <b>-</b> a.m. <b>-</b> p.m.		Month, Day, Year	
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 <b>Sept 6 1952</b> to <b>Aug 12-59</b> and last saw her alive on <b>Aug 12-59</b> Death occurred at <b>7:15</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>O. L. Woodward Sr</b> (Degree or title)		22b. ADDRESS <b>Atlanta MO</b>		22c. DATE SIGNED <b>8-12-59</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-13-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. ZION</b>	
23d. LOCATION (City, town, or county) <b>MACON CO.</b>		(State) <b>MO</b>		24. FUNERAL DIRECTOR <b>Theo H. Gooding - ATLANTA, MO</b>	
25. DATE RECD. BY LOCAL REG. <b>8/17/59</b>		26. REGISTRAR'S SIGNATURE <b>Clara M. Neely</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

