URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59-032160

STATE FILE NUMBER

NDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) West Plains Memorial Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Sedgwick
c. CITY OR TOWN Wichita — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 331 N. Elizabeth — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Harry Middle Alpha Last Watson
4. DATE OF DEATH Month Day Year August 5, 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-6-1919
9. AGE (last birthday) 39 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Thomasville, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Robert Watson
13b. MOTHER'S MAIDEN NAME Frances Roberts
14. NAME OF HUSBAND OR WIFE Sarah Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 497-18-7443
17. INFORMANT Address Mrs. Robert Watson, Thomasville, Mo.

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) Surgical Shock — INTERVAL BETWEEN ONSET AND DEATH 90 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple Fractures of
DUE TO (c) Thoracic Vertebrae T5T6T7
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractures of ribs 4,5,6,7 left
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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. 6:00 Month, Day, Year 8/5/59
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.) Hiway 160
20f. CITY, TOWN, OR LOCATION COUNTY STATE Thomasville, Oregon, Missouri

21. I attended the deceased from 8-5-59, to 8-5-59 and last saw ~~her~~ him alive on 8-5-59
Death occurred at 7:45 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. Callihan M.D.
22b. ADDRESS West Plains, Mo
22c. DATE SIGNED 8-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-8-1959
23c. NAME OF CEMETERY OR CREMATORY Woodside Cemetery
23d. LOCATION (City, town, or county) (State) Thomasville, Missouri

24. FUNERAL DIRECTOR ADDRESS Leland Carter, West Plains, Mo.
25. DATE RECD. BY LOCAL REG. 8-14-59
26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 1 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by s

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Douglas P. Gorm

Signature of Student Embalmer

Licensed Embalmer No. 5037

P. O. Address West Plan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.