

FEDERAL BUREAU OF INVESTIGATION FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 11 1959

59-041051

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 47

ENDED

1. PLACE OF DEATH a. COUNTY MONROE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY Length of stay in 1b 70 Yrs c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 430 EAST DOVER ST Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE c. CITY OR TOWN MONROE CITY, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 430 EAST DOVER ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MYRTLE Middle LEE Last WATSON			4. DATE OF DEATH Month NOVEMBER Day 23 Year 1959				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-27-1882	9. AGE (last birthday) 77	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME CHARLES KENNETT		13b. MOTHER'S MAIDEN NAME VIRGINIA PAINTER		14. NAME OF HUSBAND OR WIFE CLAUDE WATSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-28-9919		17. INFORMANT Paul Watson Address Monroe City, 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) CEREBRAL HEMORRHAGE DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 11 DAYS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour _____ 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 FEB. 28, 1949 to Nov. 23-1959 and last saw her alive on Nov. 23-1959 Death occurred at 4 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Harold F. Ellis, D.O.			22b. ADDRESS 403 S. MAIN MONROE CITY - MO.		22c. DATE SIGNED 11-28-59.		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-25-59	23c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MO			
24. FUNERAL DIRECTOR Wilson & Sons ADDRESS Monroe City, Mo			25. DATE RECD. BY LOCAL REG. Nov. 30-1959	26. REGISTRAR'S SIGNATURE Clare Miller			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lestie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Mouse City

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.