

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 043696

FILED VS JAN 13 1960

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3813 Registrar's No. 2

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Clinton</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cameron</u>	a. STATE <u>MO</u>	b. COUNTY <u>CLINTON</u>
Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>CAMERON</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>702 E PROSPECT ST.</u>		d. STREET ADDRESS <u>702 E PROSPECT</u>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Williams</u>	Middle <u>Oliver</u>	Last <u>Watson</u>	Month <u>DEC.</u>	Day <u>28</u>
Year <u>1959</u>	5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-29-1870</u>		9. AGE (last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Clinton Co Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Abraham Watson</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Wilhoit</u>		14. NAME OF HUSBAND OR WIFE <u>Anna M Watson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Anna M Watson</u>
				Address <u>Cameron</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		<u>10 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary arteriosclerosis</u>	<u>10 yrs.</u>
	DUE TO (c) <u>Generalized atherosclerosis</u>	<u>20 yrs.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bleeding duodenal ulcer (not active at time of death)</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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	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 4-2-59 to 12-28-59 and last saw her live on 12-24-59
Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <u>R. H. Compton M.D.</u> (Degree or title)		22b. ADDRESS <u>Cameron, Mo</u>		22c. DATE SIGNED <u>12-28-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-30-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bracefield</u>	23d. LOCATION (City, town, or county) <u>Cameron</u>	(State) <u>Mo</u>

24. FUNERAL DIRECTOR <u>Poland Funeral Home</u>	ADDRESS <u>Cameron</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 3 - 1960</u>	26. REGISTRAR'S SIGNATURE <u>Frances Crawford</u>
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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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, N.C.

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.