

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005142

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 151

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY **Greene**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springfield,** Length of stay in 1b **17 years**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **633 Cherry** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Greene**
c. CITY OR TOWN **Springfield,** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **749 S. Pickwick** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **RENA** Middle **WATSON** Last **WATSON**
4. DATE OF DEATH Month **February** Day **10,** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **April 26, 1866** 9. AGE (last birthday) **94**
IF UNDER 1 YEAR Months **8** Days **14** 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 **In Home** 11. BIRTHPLACE (City and state or country) **Terre Haute, Indiana** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Thornton** 13b. MOTHER'S MAIDEN NAME **Elizabeth Whitmeyer** 14. NAME OF HUSBAND OR WIFE **Mrs. H. R. Tillotson** Address **Springfield, Mo.**

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. **none** 17. INFORMANT **Mrs. H. R. Tillotson** Address **Springfield, 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) **Arteriosclerosis, genid** INTERVAL BETWEEN ONSET AND DEATH **FEW yrs.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) _____ 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. Month, Day, Year _____

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.) _____ 20f. CITY, TOWN, OR LOCATION **Springfield,** COUNTY **Greene** STATE **Missouri**

21. I attended the deceased from **1950** to **2-10-61** and last saw her/him alive on **1-28-61**
Death occurred at **6:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. B. Emmmons MD** (Degree or title) 22b. ADDRESS **Springfield, Mo.** 22c. DATE SIGNED **2-10-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Feb. 13, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Maple Park** 23d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Gorman-Scharpf Funeral Home, Inc.** **Springfield, Missouri** 25. DATE RECD. BY LOCAL REG. **2-14-61** 26. REGISTRAR'S SIGNATURE **Effie J. Melton**

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 Lewis Schaff

Licensed Embalmer No. 3802

P. O. Address Springfield

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.