

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008452

STATE FILE NUMBER

FILED VS MAR 13 1961 28

Registration District No. 2000 Primary Registration District No. 2000 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Length of stay in 1b 4 Days	c. CITY OR TOWN Mt. VERNON.
c. FULL NAME OF (If NOT in hospital, give location) St. John's Hospital		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F. D. #2
3. NAME OF DECEASED (Type or print) First Bee Middle Bascom Last Watterson		4. DATE OF DEATH MARCH 3, 1961	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-7-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Charley Watterson		13b. MOTHER'S MAIDEN NAME SARAH Bogle	14. NAME OF HUSBAND OR WIFE Jewell Watterson
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. Jewell Watterson Mt. Vernon, 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) Basilar artery sclerosis with insufficiency 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) Acute hemorrhagic pneumonia			INTERVAL BETWEEN ONSET AND DEATH 1 year
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ 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 March 1959 to 3 March 61 and last saw him on 3 March 61 Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Francis M. Maple MD (Degree or 6)		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 6 March 61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-3-1961	
23c. NAME OF CEMETERY OR CREMATORY Brick Church Cem.		23d. LOCATION (City, town, or county) Mt. Vernon, Mo.	
24. FUNERAL DIRECTOR M. Fossett		25. DATE RECD. BY LOCAL REG. 3-8-61	
26. REGISTRAR'S SIGNATURE Effie B. Mellon			

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.
SHOULD READ

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 Brie M. Abbott

Licensed Embalmer No. 5115

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.