

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-021520
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2731

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUN 21 1961

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lawrenceville</u> | | Length of stay in 1b <u>50 Yrs.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>General Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>1937 88th</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Watson</u> Last <u>Watson</u> | | 4. DATE OF DEATH Month <u>5</u> Day <u>29</u> Year <u>61</u> | |
| 5. SEX <u>male</u> COLOR OR RACE <u>Negro</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>1-25-93</u> | 9. AGE (last birthday) <u>68</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u> | 11. BIRTHPLACE (City and state or country) <u>Marshall, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>John Watson Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Birdie Gatewood</u> | 14. NAME OF HUSBAND OR WIFE <u>Fannie Watson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <u>Yes World War #1</u> | 16. SOCIAL SECURITY NO. 17. INFORMANT Address <u>Fannie Watson, 1937 East 8th</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMOCOCCAL Meningitis</u> DUE TO (b) <u>ë Bronchopneumonia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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. 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 <u>5/28/61 7:40p.</u> to <u>5/29/61</u> and last saw him alive on <u>5/29/61</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Frank Ellis</u> (Degree or title) | | 22b. ADDRESS <u>2400 Perry St</u> | 22c. DATE SIGNED <u>5/30/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>6-2-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>National</u> | 23d. LOCATION (City, town or county) (State) <u>Ft. Leavenworth, Kas.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Jones & Stevens, 2315 Linwood</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-1-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.