SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

61-040653

STATE FILE NUMBER

AMENDED

Registration District No. 119 Primary Registration District No. 5943 Registrar's No. 58

FILED DEC 5 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Roark Twp.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1 Mile West Of Hermann
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: St. James
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 10 Miles South
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: SARAH Middle: E. Last: WATSON
4. DATE OF DEATH: Month: Nov. Day: 29, Year: 1961
5. SEX: Female
6. COLOR OR RACE: Cau.
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-29-1883
9. AGE (last birthday): 78
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: Home
11. BIRTHPLACE (City and state or country): Y
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George Meyer
13b. MOTHER'S MAIDEN NAME: Mary Carpenter
14. NAME OF HUSBAND OR WIFE: John W. Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John Watson Address: Hermann, Missouri

MEDICAL CERTIFICATION

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)	Acute medullary failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occulsion	1 wk
DUE TO (c)	Coronary arteriosclerosis	Unknown

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 COUNTY STATE

21. I attended the deceased from 11/29/61 to 11/29/61 and last saw her alive on 11/29/61
Death occurred at 9:22 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: Hermann, Mo.
22c. DATE SIGNED: 11/29/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/1/61
23c. NAME OF CEMETERY OR CREMATORY: Delmar Cemetery
23d. LOCATION (City, town, or county) (State): Salem, Missouri

24. FUNERAL DIRECTOR: Warfel Funeral Home ADDRESS: Salem, Mo
25. DATE RECD. BY LOCAL REG.: 11-29-61
26. REGISTRAR'S SIGNATURE: Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

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 Orval Groner, Student Embalmer No. 641

working under my personal supervision.

Student Orval Groner
Signature of Student Embalmer

Signed Hugo H. Bauman

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.