

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007123

STATE FILE NUMBER

AMENDED

FILED MAR 23 1962

Primary Registration District No. 3092

Registrar's No. 2007 45

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

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline			Length of stay in 1b 10 days		c. CITY OR TOWN Brookfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 345 E. Farragut St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOEL ROBERT WATSON				4. DATE OF DEATH Month Day Year March 4, 1962			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-16-1923	9. AGE (last birthday) 38	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Letter carrier		10b. KIND OF BUSINESS OR INDUSTRY US Post Office		11. BIRTHPLACE (City and state or country) Brookfield, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Earl Watson			13b. MOTHER'S MAIDEN NAME Laura Clements			14. NAME OF HUSBAND OR WIFE Isabel Hubbard Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Robert Watson, Brookfield, 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) Uremia & Uremic Peritonitis						INTERVAL BETWEEN ONSET AND DEATH 3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paraneoplasia							
DUE TO (c) Carcinoma of Kidney							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration; Hemorrhagic peritonitis; Anemia						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 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 Feb 22 1962 to Mar 4 1962 and last saw him alive on Death occurred at 5:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George Jones				22b. ADDRESS Marceline Missouri		22c. DATE SIGNED 3-5-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-7-1962	23c. NAME OF CEMETERY OR CREMATORY Rose Hill		23d. LOCATION (City, town, or county) (State) Brookfield, Mo.		
24. FUNERAL DIRECTOR ADDRESS Wright Funeral Home, Brookfield, Mo.				25. DATE RECD. BY LOCAL REG. 3-6-1962		26. REGISTRAR'S SIGNATURE Anna Watson	

MAR 14 1962

APR 11 1962

DEC 6 1962

MAR 28 1962

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 H. Be Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

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.