MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025868
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 7 Registrar's No. 236

FILED JUL 31 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0010
2 0010 1
3
4 0
5 1
6
7 0
8 2
9 33/X
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Benton — Length of stay in 1b: 54 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route # 5 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville, — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route # 5 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First HUGH Middle ANCY Last WATSON
4. DATE OF DEATH: Month July Day 26 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ ~~Never Married~~ ☐ ~~Widowed~~ ☐ ~~Divorced~~ ☐
8. DATE OF BIRTH: 11-22-72
9. AGE (last birthday): 89 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Adair Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: Lark Watson
13b. MOTHER'S MAIDEN NAME: Mary Miller
14. NAME OF HUSBAND OR WIFE: Charity Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi[illegible]): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charity Watson, Kirksville, Mo. Address:

MEDICAL CERTIFICATION — Dr. T. B. Jones

18. CAUSE OF DEATH (Enter only one cause per line [illegible])
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week
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 COUNTY STATE

21. I attended the deceased from 1-10-59, to 7-26-62 and last saw him alive on 7-24-62
Death occurred at 7-26-62 8:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: Kirksville, Missouri
22c. DATE SIGNED: 7-27-62

23a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
23b. DATE: 7-28-62
23c. NAME OF CEMETERY ~~OR CREMATORY~~: East Center
23d. LOCATION (City, town, or county) (State): Kirksville, Adair, Mo.

24. FUNERAL DIRECTOR: Foster Memorial Home, Kirksville, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: July 27, 1962
26. REGISTRAR'S SIGNATURE: David W. Rattiff

(Licensed Embalmer's Statement on Reverse Side)

OCT 2 1962

J. B. Jones, M.D.

Permit issued July 27, 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 Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, 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.