

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-005041

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 72

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1. 0017

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 4 1963

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Adair | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkville | | c. CITY OR TOWN Kirkville | |
| Length of stay in 1b 1 1/2 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) 902 E. McPherson | | d. STREET ADDRESS (If outside, give location) 902 E. McPherson | |
| 3. NAME OF DECEASED (Type or print) CHARLES FRANCIS WATSON | | 4. DATE OF DEATH Month February Day 25 Year 1963 | |
| 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 5/5/77 |
| 9. AGE (last birthday) 85 | | 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) retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farming | 11. BIRTHPLACE (City and state or country) Adair County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY U S | | 13. FATHER'S NAME John L. Watson | |
| 13b. MOTHER'S MAIDEN NAME Mary E. Miller | | 14. NAME OF husband WIFE Minnie Spangler Watson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) (If yes, give war or dates of serv) No | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Minnie S. Watson, Kirkville, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Tamponade | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic aneurysm - dissecting | | | 4 hrs. |
| DUE TO (c) Generalized arteriosclerosis | | | |
| 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? NO | 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 October 15, 1959 to February 25, 1963 last saw ^{her} him alive on February 25 Death occurred at 12:30 p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Stoward E. Gross MD (Degree or title) | | 22b. ADDRESS Kirkville, Mo. | 22c. DATE SIGNED 2-25-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Feb. 27/63 | 23c. NAME OF CEMETERY Maple Hills | 23d. LOCATION (City, town, or county) (State) Kirkville, Adair, Mo. |
| 24. FUNERAL DIRECTOR Foster Memorial Home, Kirkville, Mo. | 25. DATE RECD. BY LOCAL REG. 2-27-63 | 26. REGISTRAR'S SIGNATURE Doris W. Ratliff | |

USE BLACK INK OR TYPEWRITER RIBBON

MISSOURI STATE BOARD OF HEALTH

HOWARD E. GROSS, D.D.

no permit issued

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.