

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9123

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5700 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grandriver Twp		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles west of Bedford		d. STREET ADDRESS (If rural, give location) 2 miles west of Bedford	

3. NAME OF DECEASED (Type or Print) Carl	a. (First)	b. (Middle) Newton	c. (Last) Watson	4. DATE OF DEATH March 28, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1871	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hinthorne Watson	13b. MOTHER'S MAIDEN NAME Mary Edgel	14. NAME OF HUSBAND OR WIFE Sarah Miller Watson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl N. Watson; R.R. Bedford, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to **March 27, 1949**, that I last saw the deceased alive on **3/27, 1949**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE McCreary D.D.	(Degree or title)	23b. ADDRESS Chicesthe Mo	23c. DATE SIGNED 3/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-2-49	24c. NAME OF CEMETERY OR CREMATORY Wheeling	24d. LOCATION (City, town, or county) (State) Wheeling, Missouri.
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DATE REC'D BY LOCAL REG. 3/28/49	REGISTRAR'S SIGNATURE Frances B Neel 171	25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home Chellott	ADDRESS Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Joseph M. Gibson

Student Embalmer No. 305

working under my personal supervision.

Student

Joseph M. Gibson
Student Embalmer

Signed

Edward J. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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 this body is not embalmed, fact should be so stated above.