

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15593

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>347-B</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (If this place) <u>8 days</u>		c. CITY OR TOWN <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8416 Mercier</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Oren</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-14-49</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Aug 29 - 1890</u>			
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fries Bailer maker</u>		11. BIRTHPLACE (State or foreign country) <u>Fardland Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fries Bailer maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fries R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Fardland Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>George Watson</u>			13b. MOTHER'S MAIDEN NAME <u>Luanda Brunstetter</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>702-07-6435</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Means</u> ADDRESS <u>8416 Mercier</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>				DUE TO (b) <u>Cerebral Hemorrhage</u>				<u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Hypertensive Heart Disease</u>				<u>8 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes insipidus</u>								<u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>April 6, 1949</u> , to <u>April 14, 1949</u> , that I last saw the deceased alive on <u>April 14, 1949</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Herminth O. Dofies</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Springfield, Mo.</u>			23c. DATE SIGNED <u>4-14-49</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>4-17-48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fardland</u>		24d. LOCATION (City, town, or county) (State) <u>Fardland Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-16-49</u>		REGISTRAR'S SIGNATURE <u>W.F. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Kelley</u>		ADDRESS <u>Ferrel-Beynon Fardland</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 26 1949

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
Student Embalmer

Signed *K. K. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Fordland, Me.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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