

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39862

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6083 Registrar's No. 215

97  
0  
0

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anniston, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs. 8 mo. 22 dy.</u>		d. STREET ADDRESS (If rural, give location) <u>none given</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State School 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cletus</u> b. (Middle) <u>Arnon</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 49</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>10-2-31</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Cecil Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Opal B. Whybark</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records, Mo. State School, Marshall, Mo.</u> ADDRESS _____	
--	--	-------------------------------------	--	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6. Days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>Epilepsy</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____						<u>3533</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Bronchial Pneumonia</u>				<u>3. Days</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____		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 11-24, 1949, to 11-29, 1949, that I last saw the deceased alive on 11-29, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Davidson</u>		23b. ADDRESS <u>Mo. State School Marshall</u>		23c. DATE SIGNED <u>11-29-49</u>	
--	--	---	--	----------------------------------	--

24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>11/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sikeston</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sikeston - Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Nov-29-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Leckie</u> ADDRESS <u>Sikeston - Missouri</u>	
---	--	---	--	--	--

RECEIVED

DEC

District Health Officer No. 8,

District File Number .....

Date Filed 12-5-49

DEC 7 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 J. Leslie Surrus  
Licensed Embalmer No. 3235

P. O. Address Marshall, W. Va.

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.