

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7437

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Finley</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Seymour Mo Rt 31 120</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rural Finley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>WATSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 24 1896</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>
11. BIRTHPLACE (State or foreign country) <u>Osark County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>Hollie Mae Watson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>	
16. SOCIAL SECURITY <u>200-05-7027</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Curie Watson</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung, pleura & mediastinum</u> - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma</u> ? DUE TO (c) <u>Bowel or lung?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal malnutrition</u>	
19a. DATE OF OPERATION <u>1/18/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma R. lung</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
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) <u>11.3X</u>	
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>1/6/1950</u> , to <u>1/27, 1950</u> , that I last saw the deceased alive on <u>1/26/1950</u> and that death occurred at <u>1:55 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward G. Hall</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>2/8/50</u>		24. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-9-1950</u>	
24c. LOCATION (City, town, or county) (State) <u>Seymour Mo.</u>		24d. DATE REC'D BY LOCAL REG. <u>2-12-50</u>	
24e. REGISTRAR'S SIGNATURE <u>Herbert Jones</u>		24f. REGISTRAR'S NO. <u>343</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley Ferrell Bergman</u>		24h. ADDRESS <u>Seymour Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1120
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FEB 27 1950

RECEIVED FEB 14 1950
District Health Office No. 6,
District File Number 250-210
Date Filed 2-14-50

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. Kelly

Licensed Embalmer No. 9334

P. O. Address Fordland 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 this body is not embalmed, fact should be so stated above.