S. No. 300
v. 10-48

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16523

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 532

340 1

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield-Rural
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 2951 Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gainesville 0770
d. STREET ADDRESS (If rural, give location): Rural - Ozark Co. 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): W.
c. (Last): Watson

4. DATE OF DEATH (Month) (Day) (Year): 6 8 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 1-3-1875
9. AGE (In years last birthday): 75 — If under 1 year: Months 5 Days 5 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Arkansas 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William H. Watson
13b. MOTHER'S MAIDEN NAME: Lucy West
14. NAME OF HUSBAND OR WIFE: Sarahanna Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sarah Ann Watson — **ADDRESS**: 2951 Lincoln - Springfield, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension 270/180 — INTERVAL BETWEEN ONSET AND DEATH: unknown

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) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
592.X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 6-10, 1950, *to* 6-8, 1950, *that I last saw the deceased alive on* 6/6, 1950 *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. F. Freeman M.D.
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 6/8/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-9-50
24c. NAME OF CEMETERY OR CREMATORY: Romanus Cemetery
24d. LOCATION (City, town, or county) (State): Romanus, Ozark Co. Mo

DATE REC'D BY LOCAL REG.: 6-10-50
REGISTRAR'S SIGNATURE: M E Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Clin Ringbrad Funeral Home — **ADDRESS**: Gainesville Mo

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed Chester A. Roof

Signed _____
Student Embalmer

Licensed Embalmer No. 3044

P. O. Address Plainville 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.