

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17535

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston	
d. FULL NAME OF HOSPITAL OR INSTITUTION 503 South First St.		d. STREET ADDRESS (If rural, give location) 503 So. First	

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) Dansel	c. (Last) Watson	4. DATE OF DEATH (Month) (Day) (Year) May 10th, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1903	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Dealer	10b. KIND OF BUSINESS OR INDUSTRY Lumber & Contracting	11. BIRTHPLACE (State or foreign country) Cairo, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jim Watson	13b. MOTHER'S MAIDEN NAME Elizabeth Watson	14. NAME OF HUSBAND OR WIFE Zelma 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. 488 12 9788	17. INFORMANT'S SIGNATURE OR NAME Mrs Cecil Watson, Charleston, Mo	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 Min. E 98 1X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet Wound in Left Breast (Bled to death internally)		
	ANTECEDENT CAUSES Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shot by Eskel K. Banks, brother in law. 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 none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Charleston, Mississippi, Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 10th, 1950 7p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Bullet from 25 calibre Inflicted by Eskel K. Banks, revolver
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22. I hereby certify that I attended the deceased from _____ AS CORONER ONLY, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE John F. Nunnelee (Degree or title) CORONER	23b. ADDRESS Charleston, Missouri	23c. DATE SIGNED 5/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/13/1950	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Missouri
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DATE REC'D BY LOCAL REG May 22, 1950	REGISTRAR'S SIGNATURE Mrs. Rex Hilgates	25. FUNERAL DIRECTOR'S SIGNATURE Edward G. Nunnelee ADDRESS THE NUNNELEE FUNERAL CHAPEL, Charleston Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAY 25 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAY 26 1950

AUG 14 1951

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 John T. Munnell Jr
Licensed Embalmer No. 3857

P. O. Address Charleston, 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.