

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17865

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6044</u>		Registrar's No. <u>122</u>					
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u>				b. COUNTY <u>RIPLEY</u>			
b. CITY OR TOWN <u>RURAL PINE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>RURAL PINE TWP. 0910</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL PINE TWP</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				3. NAME OF DECEASED a. (First) <u>MICHAEL</u>				b. (Middle) <u>FREEMAN</u>			
				c. (Last) <u>WATSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4 26 50</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>JAN 27, 1949</u>		9. AGE (In years last birthday) <u>1</u> If UNDER 1 YEAR Months <u>2</u> Days <u>29</u> If UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>			11. BIRTHPLACE (State or foreign country) <u>Holcomb MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>MACK WATSON</u>			13b. MOTHER'S MAIDEN NAME <u>LAVERNE NINA ANDERSON</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. A. ANDERSON</u>					ADDRESS <u>Holcomb MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, virus type</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>492X</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) (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 <u>April 19, 1950</u> , to <u>April 25, 1950</u> , that I last saw the deceased alive on <u>April 25, 1950</u> , and that death occurred at <u>2:25 AM</u> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Frank Johnson M.D.</u>				23b. ADDRESS <u>Douglas, Mo</u>		23c. DATE SIGNED <u>4/26/50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STANFIELD Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>CLARKTON MO</u>					
DATE REC'D BY LOCAL REG. <u>4-28-50</u>		REGISTRAR'S SIGNATURE <u>E. B. Johnston</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>		ADDRESS <u>Samuel, Mo</u>				

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

910
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RECEIVED 5-8-50
District Health Officer No. 5,
District File Number 550 286
Date Filed 5-10-50

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 *Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address *Campbell, 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.