

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22509

State File No.

FILED JUL 12 1950

BIRTH NO. 32788 REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6181 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>Rural Pennsylv</u>		c. CITY (If outside corporate limits, with RURAL and give township) OR TOWN <u>1050 Rural - Pennsylv</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>South West Green City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South West Green City</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MORRIS</u> b. (Middle) <u>DALE</u> c. (Last) <u>WATT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 25 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	
8. DATE OF BIRTH <u>JUNE 18 1950</u>			9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>7da</u> IF UNDER 2 HRS. Hours <u>—</u> Min. <u>—</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
					12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>MARVIN WATT</u>		13b. MOTHER'S MAIDEN NAME <u>Beulah Montgomery</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Watt</u> ADDRESS <u>Green City</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mal Development</u>		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			7730
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)			
		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Jan 18, 1950, to Jan 18, 1950, that I last saw the deceased alive on June 18, 1950, and that death occurred at — m. from the causes and on the date stated above.

23a. SIGNATURE <u>Wattington MO</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>Green City Mo</u>		23c. DATE SIGNED <u>June 26-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>		24b. DATE <u>JUNE 21 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAYKEYE CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>June 30-1950</u>		REGISTRAR'S SIGNATURE <u>Laura Catlett</u> 415		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Hunt & Son Green City Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
050
1

RECEIVED JUL 5 1950
District Health Officer No. 10
District File Number 2-50-1074
Done Filed JUL 7 1950

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City

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.