

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32702

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 3717 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY OR TOWN Mountain Township		c. CITY OR TOWN Mountain Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION X		d. STREET/ ADDRESS Washburn Route 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Herma	b. (Middle) Cecil	c. (Last) Watson	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 19, 1905	9. AGE (In years last birthday) 45	10 UNDER 1 YEAR Months	1 YEAR Days	5 UNDER 1 Hrs.	15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carroll County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Wm. P. Phillips	13b. MOTHER'S MAIDEN NAME Minnie Webb	14. NAME OF HUSBAND OR WIFE Loyd N. 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. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loyd Nelson Watson
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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		INTERVAL BETWEEN ONSET AND DEATH 170X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - Respiratory Failure		
	ANTECEDENTS/CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma DUE TO (c) Scirrhous Carcinoma of Breast		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 March 28, 1950, to Nov 22, 1950 that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 12:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. Rellou M.D.	23b. ADDRESS Bentonville Ark	23c. DATE SIGNED 11-28-50
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24a. BURIAL/CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/26/50	24c. NAME OF CEMETERY OR CREMATORY Mooreland Cemetery	24d. LOCATION (City, town, or county) (State) Mooreland, Okla.
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DATE REC'D BY LOCAL REG. Dec. 2, 1950	REGISTRAR'S SIGNATURE O. E. Plumblee	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph Miller Pea Ridge, Arkansas
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 5 1950
Dist. File 1250-2426
Date Filed 12-5-50

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 A. D. Calhoun

Licensed Embalmer No. 2483

P. O. Address Rogers, Ark.

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.