

FILED DEC 20 1950 STANDARD CERTIFICATE OF DEATH

State File No. 39828

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 320	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place) 7 (years)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Highway 63 (Columbia Township)				d. STREET ADDRESS (If rural, give location) 1605 Anthony			
3. NAME OF DECEASED (Type or Print)		a. (First) GLENN		b. (Middle) HAROLD		c. (Last) WATT	
4. DATE OF DEATH		Dec. 14, 1950		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Divorced 3		8. DATE OF BIRTH Dec. 15, 1913		9. AGE (In years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sullivan County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Watt		13b. MOTHER'S MAIDEN NAME Ila Jane Kidd		14. NAME OF HUSBAND OR WIFE Corlis Gigax			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.E. Bailey, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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 Coronet, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Harry M. Griffith, M.D. Coronet				23b. ADDRESS Columbia Mo		23c. DATE SIGNED 12-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 14, 1950		24c. NAME OF CEMETERY OR CREMATORY Hawkeye Cemetery		24d. LOCATION (City, town, or county) (State) Green City, Missouri	
DATE REC'D BY LOCAL REG. Dec 14 1950		REGISTRAR'S SIGNATURE Mrs R.E. Palmer 31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12/9/50
DISTRICT HEALTH OFFICE No. 3

District File Number _____
Date filed 12-19-50

1950 5 190

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Thas L. Zaring

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia

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.