

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5795

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3059		Registrar's No. 4795	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY WASHINGTON			
b. CITY OR TOWN BONNETERRE		c. LENGTH OF STAY (in this place) 2 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BRITTON		1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL				d. STREET ADDRESS (If rural, give location) CADET R.R. 1			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) WATSON c. (Last) WATSON			4. DATE OF DEATH (Month) (Day) (Year) FEB. 7, 1951				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN		8. DATE OF BIRTH AUG 14 1886	
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM WATSON			13b. MOTHER'S MAIDEN NAME MATILDA WATSON			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME EARL WATSON CADET R.R. 1, 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) <u>Verdict Coroner Jury: Deceased came to his death as the result of being struck by an automobile</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>struck by an automobile</u> DUE TO (c) <u>unavoidable accident.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington County, Mo 110			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 5 1951 11:10 AM		21e. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21h. HOW DID INJURY OCCUR? <u>deceased struck by automobile crossing highway while driving</u>			
22. I hereby certify that I attended the deceased from _____, 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 (Degree or title) <u>Bert J. Miller Coroner</u>				23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>2/8/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/9/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR FALLS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Cothner Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bert J. Bayer Leadwood, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

RECEIVED

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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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.