

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16109

State File No.

FILED JUN 11 1951

BIRTH NO. _____		REG. DIST. NO. <u>106</u>		PRIMARY REG. DIST. NO. <u>2420</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Halecomb Mo</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Halecomb Mo</u>		OR TOWN <u>J. 350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rt - 1</u>			
3. NAME OF DECEASED a. (First) <u>MARTON</u>			b. (Middle) <u>LUTHER</u>		c. (Last) <u>WATSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-5-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/25/1885</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) <u>Clay Co. Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Barber</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Maureen Watson</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease 1 year</u> 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 <u>3 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>				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>Jan 25</u> , 19 <u>51</u> , to <u>5/5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5/4</u> , 19 <u>51</u> ; and that death occurred at <u>9:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Dexter or title) <u>George E. Zimmerman MD</u>				23b. ADDRESS <u>Hennett Mo</u>		23c. DATE SIGNED <u>5/9/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hanner</u>		24d. LOCATION (City, town, or county) (State) <u>Hannerville Mo</u>	
DATE REC'D BY LOCAL REG <u>5-21-51</u>		REGISTRAR'S SIGNATURE <u>J. A. Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>		ADDRESS <u>Janshara Ark</u>	

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

1350
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT5-29-51.....

COUNTY FILE NUMBER ..551-151....

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.....
Student Embalmer

Signed *W T Emerson*.....

Licensed Embalmer No. *352*.....

P. O. Address *Jankara Ar*.....

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.