

S. No. 300
V. 10.48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22373**

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 56 | | PRIMARY REG. DIST. NO. 4080 | | Registrar's No. 13 | | | |
| 1. PLACE OF DEATH a. COUNTY Carroll | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Carroll | | | | | |
| b. CITY OR TOWN Norbörne | | c. LENGTH OF STAY (in this place) 1 yr. | | c. CITY OR TOWN Norbörne | | 0170 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2ND STREET | | | | d. STREET ADDRESS (If rural, give location) 2ND STREET | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BERTHA | | b. (Middle) _____ | | c. (Last) WATSON | | 4. DATE OF DEATH (Month) (Day) (Year) July 19, 1951 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH March 19, 1861 | | | |
| 9. AGE (In years last birthday) 90 | | IF UNDER 1 YEAR 4 Months | | IF UNDER 1 YEAR 0 Days | | IF UNDER 1 HR. 0 Hours | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Peoria, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Nicholas Balkema | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE James N. Watson | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME John H. Watson, Richmond, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause; (a) stating the underlying cause last. DUE TO (b) _____ 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 4 hours | |
| 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) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) Richmond (COUNTY) Carroll (STATE) Mo. | | | | | |
| 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 7-19-1951 , to 7-19-1951 , that I last saw the deceased alive on 7-19-1951 , and that death occurred at 10:30 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE John H. Watson (Degree or title) _____ | | | | 23b. ADDRESS Richmond, Mo. | | 23c. DATE SIGNED 7-21-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 21, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 24d. LOCATION (City, town, or county) (State) Richmond, Mo. | | | |
| DATE REC'D BY LOCAL REG. JULY 21-1951 | | REGISTRAR'S SIGNATURE Eileen Pennington | | 25. FUNERAL DIRECTOR'S SIGNATURE Thurman James Blom | | ADDRESS Richmond, Mo. | | | |

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



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, of MO.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.