

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1951

State File No. 34266

BIRTH NO. _____ REG. DIST. NO. 18174 PRIMARY REG. DIST. NO. 5674 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Snow Hill Twp))		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Snow Hill Twp) 0570	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Corley b. (Middle) Derwood c. (Last) Watson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1917	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm (Grain)	11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Abb Watson	13b. MOTHER'S MAIDEN NAME Maude E. Watson	14. NAME OF HUSBAND OR WIFE Annabelle Taylor Watson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Abb Watson, (Father) Troy, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 DR.
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multipile Skull Fractures.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HEAD CAUGHT IN HAY PRESS. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9121 ?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 057 3	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT 12 1951 3:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? DECEASED WAS INSPECTING PRESS WHILE IN OPERATION - WAS CAUGHT.
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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 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Allen Elliot, Coroner	23b. ADDRESS Troy, Mo	23c. DATE SIGNED 10/12/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/15/51	24c. NAME OF CEMETERY OR CREMATORY Old Alexandria Cem.	24d. LOCATION (City, town, or county) (State) Lincoln County, Missouri
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DATE REC'D BY LOCAL REG. Oct 15 - 51	REGISTRAR'S SIGNATURE Emma R. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 22 1951

RECEIVED

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 Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.