

FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

36054

BIRTH NO.		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>201</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> c. LENGTH OF STAY (In this place) <u>6hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> d. STREET ADDRESS (If rural, give location) <u>430 E. West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>.....</u> c. (Last) <u>Watson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 51</u>			
5. SEX <u>Male</u> <u>2</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Unknown</u>	
9. AGE (In years last birthday) <u>about 98</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason</u>		10b. KIND OF BUSINESS* OR INDUSTRY <u>Stone Masonry</u>		11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Henry Watson</u>			
13a. FATHER'S NAME <u>Henry Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronia</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Sophronia Watson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sophronia Watson, Marshall, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> b. 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4200		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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) (Minute)		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>Nov 7</u> 19 <u>51</u> , to <u>Nov 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 8</u> , 19 <u>51</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James C. Reed</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>11-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 10-1951</u>		REGISTRAR'S SIGNATURE <u>Bidney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>.....</u>		ADDRESS <u>.....</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

107 13 13

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

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

George F. Green

Licensed Embalmer No. 4220

P. O. Address Marshall 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.