

FILED JAN 8 1952
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42575

BIRTH NO. _____		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 4436		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY RALLS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RALLS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW LONDON		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW LONDON		DEPT	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) MURRAY		b. (Middle) DRAKE		c. (Last) WATSON		4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAR 28 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) NEW LONDON MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME FONTAIN WATSON		13b. MOTHER'S MAIDEN NAME SALLIE PRIEST		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Geo F Waters New London 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) Coronary Occlusion ANTECEDENT CAUSES Morbidity 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 2 yrs					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES ☐ NO ☒	
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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Jan 1, 1949 , to Dec 25, 1951 , that I last saw the deceased alive on Dec 25, 1951 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. F. Waters D. M.D.		23b. ADDRESS New London Mo		23c. DATE SIGNED Dec 28, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 28 1951		24c. NAME OF CEMETERY OR CREMATORY Barkley Conv.		24d. LOCATION (City, town, or county) (State) New London Mo	
DATE REC'D BY LOCAL REG. Dec 28, 1951		REGISTRAR'S SIGNATURE H. F. Waters		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Frankford			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 3 1952
DISTRICT HEALTH OFFICE #2
District File Number 1-52-
Date Filed: JAN 5 1952

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 Low J. McGowan

Licensed Embalmer No. 40903

P. O. Address Frankford, Pa.

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.