

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3645
State File No.

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>3073</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u>		c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SIKESTON</u>		<u>1003</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>917 LORA</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELLA</u>		b. (Middle) <u>JOSEPHINE</u>		c. (Last) <u>WATSON</u>	
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>9</u>		(Year) <u>52</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 20, 1861</u>	
9. AGE (In years last birthday) <u>90</u>		# UNDER 1 YEAR <u>11</u>		# UNDER 1 YEAR <u>19</u>		# UNDER 1 YEAR <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>STODDARD Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM E. WATSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Forest Watson Sikeston 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden Death</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown Natural</u>					
		DUE TO (c) <u>Coronary Artery Hemorrhage</u>					
		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				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) (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 <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>1/9/52</u> , 19 <u>52</u> , to <u>1/9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10.4.52</u> , 19 <u>52</u> , and that death occurred at <u>10:45 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Chaffee</u>				23b. ADDRESS <u>Box 165 Chaffee Mo</u>		23c. DATE SIGNED <u>1/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD CITY</u>		24d. LOCATION (City, town, or county) (State) <u>MORLEY MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 16-52</u>		REGISTRAR'S SIGNATURE <u>Mrs Fred Brough</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Chaffee</u>			
				ADDRESS <u>Funeral Home - Sikeston Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 21 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-22

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 Raymond Crews

Signed _____
Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.