

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19406

State File No. _____

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5121 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0100</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg</u> <u>Pendine</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>50 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Tyre</u>	c. (Last) <u>Watson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>17</u> <u>1952</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Tyre H. Watson</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Ann Lane</u>	14. NAME OF HUSBAND OR WIFE <u>Gartrude Watson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>--</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gartrude Watson, Harrisburg, Mo.</u>	ADDRESS _____
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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 <u>a cute</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	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. <u>Fractured Cervical vertebra</u>		<u>acute</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201 F</u>	20. (AUTOPSY?) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMEIDE (Specify) <u>following occlusion</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Perche</u> <u>Boone</u> <u>Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 17, 1952</u> <u>2 p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off of wagon after coronary occlusion</u>
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22. I hereby certify that I attended the deceased from 6/17, 1952, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Henry Sweet, Jr. M.D. Coroner</u>	23b. ADDRESS <u>2909 University Ave. Columbia, Mo.</u>	23c. DATE SIGNED <u>6/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 18 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willet Funeral Home</u>	ADDRESS <u>Columbia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

100
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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, ~~_____~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.