No. 300
10-48

FILED DEC 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39354

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 31

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

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry 0570
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) Ann c. (Last) Watson

4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0

8. DATE OF BIRTH: 1-15-1863

9. AGE (In years last birthday): 89 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Lincoln Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank Watson

13b. MOTHER'S MAIDEN NAME: Anna Meuth

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Marie Watson — **ADDRESS**: Elsberry 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Glomerular Nephritis — INTERVAL BETWEEN ONSET AND DEATH

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.* Mitral Regurgitation

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 592 x

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* Oct 24th, 1952, *to* Oct 26th, 1952, *that I last saw the deceased alive on* Oct 26, 1952 *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert V. Guy (Degree or title) M.D.

23b. ADDRESS: Paynesville, Mo.

23c. DATE SIGNED: Oct 27th

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-28-52

24c. NAME OF CEMETERY OR CREMATORY: Elsberry Cem.

24d. LOCATION (City, town, or county) (State): Elsberry Mo

DATE REC'D BY LOCAL REG.: 12-2-52

REGISTRAR'S SIGNATURE: Mrs Clarence Luentz

25. FUNERAL DIRECTOR'S SIGNATURE: Clifton Mills — **ADDRESS**: Elsberry, Mo

(Licensed Embalmer's Statement on Reverse Side)

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~~ 10/26/3

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, 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.