

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 26 1953

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jafferson City</u>		c. LENGTH OF STAY (In this place) <u>29 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jafferson City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>802-F-51m</u>				d. STREET ADDRESS (If rural, give location) <u>802-F-51m 4264</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia Ann</u> b. (Middle) <u>Watten</u> c. (Last) <u>Watten</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 23-1893</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tibbets Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Gathright</u>		13b. MOTHER'S MAIDEN NAME <u>Janie Radican</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Watten</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. <u>486-18-3292</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Watten</u> ADDRESS <u>802-F-51m</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>Cancer of esophagus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Dont know</u> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>176x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Jan 17, 1953</u> to <u>Jan 17, 1953</u> , that I last saw the deceased alive on <u>Jan 17, 1953</u> , and that death occurred at <u>9 P M</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>L. A. Meyer MD</u>				23b. ADDRESS <u>Jafferson City Mo</u>		23c. DATE SIGNED <u>1-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakley Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Tibbets Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 19-1953</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MR. Robinson Service - J. C. Mo</u> ADDRESS			

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

Meyer

1956 FEB 10

1956 FEB 10

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 *J. Meyer*

Licensed Embalmer No. 3641

P. O. Address J. Meyer

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.