

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17378

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 4118 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Christian</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta, Mo</u>		0720
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sparta Mo</u>			d. STREET ADDRESS (If rural, give location) <u>Sparta Mo</u>		
3. NAME OF DECEASED a. (First) <u>Julius</u> b. (Middle) <u>Virgil</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 23, 1910</u>		9. AGE (In years) <u>43</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 12 Mos. Hours _____ Min. _____
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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Julius Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Blanch Hembrough</u>		14. NAME OF HUSBAND OR WIFE <u>Eunice 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>Mrs Eunice Watson, Sparta Mo</u> ADDRESS _____		
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) <u>Mental Derangement</u> <u>Suffocation</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>Mental Derangement</u> 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>E 974X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sparta, Christian, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May</u>
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>Aug</u> , 1947, to <u>May 24</u> , 1953, that I last saw the deceased alive on <u>May</u> , 1953, and that death occurred at <u>Mo</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. Warren W. Nelson M.D.</u> (Degree or title)			23b. ADDRESS <u>Sparta, Mo.</u>		23c. DATE SIGNED <u>May 29 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 26, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knob-Noster</u>		24d. LOCATION (City, town, or county) (State) <u>Knob-Noster Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 2-53</u>	REGISTRAR'S SIGNATURE <u>Emogene Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Ozark Mo</u>		459

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

JAN 18 1956

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.