

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29585**FILED **AUG 24 1953**

BIRTH NO.		REG. DIST. NO. 278		PRIMARY REG. DIST. No. 3054		Registrar's No. 93		
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Pike				
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) Charlottesville		0820		
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike Co Hosp				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) William Augustus b. (Middle) Watson c. (Last) Watson			4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1953					
5. SEX 2 male		6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 27 - 97 - 17		
9. AGE (In years last birthday) 56		10. UNDER 1 YEAR Months 17		11. UNDER 2 HRS. Hours 17		11. BIRTHPLACE (City and State or Foreign Country) Lincoln Mo		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY 1		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME James M. Watson		13b. MOTHER'S MAIDEN NAME Jane Watts		14. NAME OF HUSBAND OR WIFE Georgia Watson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Watson Charlottesville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma INTERVAL BETWEEN ONSET AND DEATH 10 months 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. none						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162X					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?				
22. I hereby certify that I attended the deceased from Oct. 10, 1952 to Aug. 13, 1953 , that I last saw the deceased alive on Aug 13, 1953 , and that death occurred at 5:00 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE John H. Heaber M.D.				23b. ADDRESS Charlottesville Mo.		23c. DATE SIGNED 8-14-53		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 16/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) Charlottesville Mo		
DATE REC'D BY LOCAL REG. Aug 16 53		REGISTRAR'S SIGNATURE Bernice Collier		374 F. FUNERAL DIRECTOR'S SIGNATURE Harry L. Carroll		ADDRESS Charlottesville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

LEEB 16 1954

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.....

Licensed Embalmer No.....

P. O. Address.....

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.