

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4680

State File No. ....

FILED FEB 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. An institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u> (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hagen</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Lee</u> c. (Last) <u>Watson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-1954</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-23-1891</u>	9. AGE (In years last birthday) <u>62</u> MONTHS <u>10</u> DAYS <u>14</u> HOURS <u>1</u> MIN.
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10. USUAL OCCUPATION (If kind of work constituting most of working life, when if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Roper, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>D. H. Watson</u>	13b. MOTHER'S MAIDEN NAME <u>Abeltha G. Howe</u>	14. NAME OF HUSBAND OR WIFE <u>Elbert Watson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) _____	16. SOCIAL SECURITY NO. <u>489-18-598</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Calvin Watson</u> ADDRESS <u>West Plains, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SURGICAL SHOCK</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CRUSHED CHEST</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Automobile</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 17</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Howell</u> (STATE) <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 5 54 3p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pick-up truck turned over</u>
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22. I hereby certify that I attended the deceased from 2-5-1954 to 2-7-1954, that I last saw the deceased alive on 2-7-1954, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Callikan</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>West Plains, Mo.</u>	23c. DATE SIGNED <u>2-9-54</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>B</u>	24b. DATE <u>2-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	24d. LOCATION (City, town, or county) (State) <u>Howell Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-15-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert M. Watson</u> ADDRESS <u>West Plains, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 2 1954

MAR 2 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

*D. D. Roberts*

Licensed Embalmer No. 3437

P. O. Address West Hill

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.