

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22012**

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If certification: residence before admission). a. STATE Mo	
b. CITY (If outside corporate limits, write FULL and give township) Monett		b. COUNTY Lawrence	
c. LENGTH OF STAY (In this place) 4 years		c. CITY OR TOWN Pierce City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Robinson Rest Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Central St.		0550	

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE	b. (Middle) MARY	c. (Last) WATSON	4. DATE OF DEATH (Month) (Day) (Year) July 7, 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-17-1866	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR (Months) 6	11. UNDER 24 HRS. (Hours) 21
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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) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME not known	13b. MOTHER'S M maiden name not known	14. NAME OF HUSBAND OR WIFE James F. Watson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edna Watson	ADDRESS Pierce City, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1, 1954** to **Jan 7, 1954** that I last saw the deceased alive on **Jan 5, 1954** and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. F. Edwards M.D.	(Degree or title)	23b. ADDRESS Monett Mo	23c. DATE SIGNED 7-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 9, 1954	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Pierce City Mo
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DATE REC'D BY LOCAL REG. 7-16-54	REGISTRAR'S SIGNATURE Katherine Henderson	487	25. FUNERAL DIRECTOR'S SIGNATURE Wicks Bros.	ADDRESS Pierce City, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 754-67

DATE REC. 7-19-57

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~~ Edwin Wilks, Student Embalmer No. 4137, working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 4137

P. O. Address Pierce City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.