

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38432

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>CALLAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. CHARLES</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WILLIAMSBURG 0140</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>NO STREET NUMBER</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EDITH</b>	b. (Middle) <b>M.</b>	c. (Last) <b>WATSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 8 1954</b>
-------------------------------------	-------------------------	-----------------------	-------------------------	---

5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB 10, 1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>2</b>	IF UNDER 1 MRS. Hours <b></b> Mins. <b></b>
-----------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>IN OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>O'FALLON Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>THOMAS WATSON</b>	13b. MOTHER'S MAIDEN NAME <b>ADA HARRIS</b>	14. NAME OF HUSBAND OR WIFE <b>NEVER MARRIED</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>RALPH K. WATSON</b>	ADDRESS <b>ST. CHARLES Mo.</b>
---	-------------------------------------	--	--------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe gastric hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen arteriosclerosis</b>		<b>5 yrs</b>
	DUE TO (c) <b>Coronary Heart Disease</b>		<b>1 yr</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diverticulosis of sigmoid.</b>		<b>5 yrs</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>1341</b>	20. AUTOPSY? YES <input checked="" 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) m.	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 **8-21-54** to **11-8-54**, that I last saw the deceased alive on **8-21-54**, and that death occurred at **3:47 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. E. G. (Signature)</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>St. Charles, Mo.</b>	23c. DATE SIGNED <b>November 8, 1954</b>
--	-------------------------------	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>11-8-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WILLIAMSBURG CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>WILLIAMSBURG Mo.</b>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG <b>Nov 9 1954</b>	REGISTRAR'S SIGNATURE <b>Harriet H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. W. Hopkins</b>	ADDRESS <b>Montgomery City Mo.</b>
---	---	---	------------------------------------

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

VS DEC 1 6 1960

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

*E. H. Hopkins*

Licensed Embalmer No. *1487*

P. O. Address *Montgomery City, 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.