

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 12 1955

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give town) Benton Twp. (Rural)		c. CITY OR TOWN Kirkville, Rtl	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) Kirkville, Mo. Rt. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kirkville, Mo Rt. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) Enos c. (Last) Watson			4. DATE OF DEATH (Month) (Day) (Year) 1-3-55		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-3-1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Kirkville, Mo.		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Lark Watson		13b. MOTHER'S MAIDEN NAME Lucy Sheeks		14. NAME OF HUSBAND OR WIFE Lula Herron Watson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Watson, Kirkville, Mo. Rt 1	

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) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Asthma DUE TO (c) Allergic Manifestation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 10 minutes 50 years life	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 241X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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. 12, 1954, to Jan. 3, 1955, that I last saw the deceased alive on Jan. 3, 1955, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard E. Gross, M.D.		23b. ADDRESS Kirkville, Missouri		23c. DATE SIGNED 1-5-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-55		24c. NAME OF CEMETERY OR CREMATORY Maple Hills	
24d. LOCATION (City, town, or county) (State) Kirkville, Missouri					

DATE REC'D BY LOCAL REG. 1-6-55		REGISTRAR'S SIGNATURE Tate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS David K. Light, Kirkville, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Harold P. Kegan*.....

Licensed Embalmer No. *429*.....

P. O. Address *Yorkville*.....

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.