

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
12359

FILED MAY 10 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORONOGO	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 311 MUNSON	

0490

3. NAME OF DECEASED (Type or Print) a. (First) ROSA	b. (Middle) M	c. (Last) WATSON	4. DATE OF DEATH (Month) (Day) (Year) APRIL 28 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 28, 1894	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 10 Days	IF UNDER 2 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DANIEL RICHARDSON	13b. MOTHER'S MAIDEN NAME LAURA BELLE HIESTAND	14. NAME OF HUSBAND OR WIFE CHARLES 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 CHARLES WATSON	ADDRESS ORONOGO, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pericarditis</u>		
	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. <u>Diabetes mellitus -</u> <u>Pneumonia -</u> <u>Obesity</u>		-4 yr. days 75	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 4/28, 1955, to 4-28, 1955, that I last saw the deceased alive on 4-28, 1955, and that death occurred at 10:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. J. ...</u>	(Degree or title)	23b. ADDRESS <u>Webb City, Mo</u>	23c. DATE SIGNED <u>4-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 2, 1955	24c. NAME OF CEMETERY OR CREMATORY ORONOGO CEMETERY	24d. LOCATION (City, town, or county) (State) ORONOGO MO
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DATE REC'D BY LOCAL REG. <u>5-2-55</u>	REGISTRAR'S SIGNATURE <u>Ed ...</u>	138-0	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME	ADDRESS WEBB CITY, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

INFORMAL TO RETURN TO LICENSING UNIT

County File Number 55-5-1326
Date Filed MAY 9 1955

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 Leonard Lewis Jr

Licensed Embalmer No. 4561

P. O. Address Wichita, 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.