

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5923

State File No. 23146

| | | | | | | | |
|---|-------------------------------|--|---|--|---|---|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>2930</u> | | Registrar's No. <u>207</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Cedar</u>) | | c. LENGTH OF STAY (In this place) <u>5 yrs.</u> | | c. CITY OR TOWN <u>Hughesville</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Hughesville</u> | | | | STREET ADDRESS (If rural, give location) <u>Route 2, Hughesville</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>CLIFFORD</u> c. (Last) <u>WATSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 7, 1955</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>August 16, 1881</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer (Dairy)</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wilmington, Delaware</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>J.A. Watson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Hodgkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wesley Watson, Farmington, Arkansas</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u> | | | | | | | |
| ANTECEDENT CAUSES | | | | DUE TO (b) <u>Coronary sclerosis</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | DUE TO (c) <u>4201</u> | | | |
| 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 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) | | | |
| 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 <u>as Coroner</u> , that I lost <u>one</u> the deceased <u>along on</u> <u>19</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas Gordon Steuffer, M.D.</u> | | | | 23b. ADDRESS <u>Coroner, Pettis Co</u> | | 23c. DATE SIGNED <u>8-9-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 9, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>8-9-55</u> | | REGISTRAR'S SIGNATURE <u>James Brown, Deputy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Beckert</u> | | ADDRESS <u>Sedalia, Mo.</u> | |

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 *Russell C. Maa*.....

Licensed Embalmer No. *40*.....

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.