

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

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41104**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **200L** Registrar's No. **537**

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>YRS</b>		d. STREET ADDRESS (If rural, give location) <b>2506 W. 4TH ST. 0495</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2506 W. 4TH ST.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CLAUDE</b>	b. (Middle) <b>DORE</b>	c. (Last) <b>WATSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 13, 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR. 17, 1881</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OWNER &amp; OPERATOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WATSON FOOD CO.</b>	11. BIRTHPLACE (State or foreign country) <b>SHERMAN, Ks.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ALBERT J. WATSON</b>	13b. MOTHER'S MAIDEN NAME <b>MARY GOODEN</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. RUTH WATSON</b>
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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) <b>UNK</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. RUTH WATSON, 2506 W. 4TH ST.</b>	ADDRESS <b>2506 W. 4TH ST.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary fibrosis + emphysema - Unknown</b>		
	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. <b>Chronic pancreatitis Partial intestinal obstruction arterio fibrosis</b>		5271 <b>Unknown</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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 **8-2, 1955**, to **12-13, 1955**, that I last saw the deceased alive on **11-28, 1955** and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>817 Frisco Bldg Jonlin, Mo.</b>	23c. DATE SIGNED <b>12-16-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-16-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>12-19-55</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	ADDRESS
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RECEIVED  
DECEMBER 27 1955  
Sevier County Health Office  
Registration File Number 55-12-886  
DEC 27 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2219

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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