

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9820**BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **109**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY OR TOWN Monroe City	
c. LENGTH OF STAY (in this place) 9 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital			
STREET ADDRESS (If rural, give location) 200 Blk. East Summer St. 0690			

3. NAME OF DECEASED (Type or Print)		a. (First) Whitley	b. (Middle) Henry	c. (Last) Watson	4. DATE OF DEATH (Month) (Day) (Year) March 26 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 24, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 5 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant Retd.		10b. KIND OF BUSINESS OR INDUSTRY Recreation Parlor		11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John C. Watson			13b. MOTHER'S MAIDEN NAME Mollie White		14. NAME OF HUSBAND OR WIFE Lillie Watson	
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. 486-38-7330		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Lillie Watson</i>		ADDRESS <i>Monroe City Mo</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Mesenteric thrombosis			3 days
		ANTECEDENT CAUSES DUE TO (b) Pyleonephritis, right			9 days
		DUE TO (c) Cystitis			9 days
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Familial telangiectasis			8 months

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 6000		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 **8-16-55**, 19____, to **3-26-56**, 19____, that I last saw the deceased alive on **3-26-56**, 19____ and that death occurred at **7:50 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>H. L. Sumner</i>		(Degree or title)		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 3-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 28, 1956		24c. NAME OF CEMETERY, OR CREMATORY St. Judes Cemetery		24d. LOCATION (City, town, or county) (State) Monroe City, Missouri	

DATE REC'D BY LOCAL REG. 8-31-56		REGISTRAR'S SIGNATURE <i>Dr. Em. Lucke By W. C. Fisher</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. C. Fisher</i>		ADDRESS Monroe City Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED APR 3 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 3 1950

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 By Me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leah L. Gibson*.....

Licensed Embalmer No. 3014

P. O. Address.. Monroe. City

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.