

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5438

STATE FILE NUMBER

FILED MAR 12 1957

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Linn</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>0581</u> <u>Marceline</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>102 W CURTIS</u>		Length of stay in lb <u>14 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>102 W. CURTIS</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Scott</u> Middle <u>Elder</u> Last <u>WATSON</u>			4. DATE OF DEATH Month <u>9</u> Day <u>28</u> Year <u>57</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-10-1874</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>9</u> Days <u>18</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	11. BIRTHPLACE (City and state or country) <u>Chariton, Co. o</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Robert Watson</u>			14. MOTHER'S MAIDEN NAME <u>Katherine (unknow)</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.	17. INFORMANT <u>Cecil Watson</u> <u>marceline, mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial degeneration</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Secondary pyonephritis</u>					<u>2 mo.</u>
DUE TO (c) <u>prostatic hypertrophy</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>610x</u>		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1954</u> to <u>2/28/57</u> and last saw ^{her} _{him} alive on <u>2/28/57</u> . Death occurred at <u>7:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John Otis Carr D.O. 2</u>			22b. ADDRESS <u>124 W. Ritchie, Marceline</u>		22c. DATE SIGNED <u>3/1/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		23b. DATE <u>3-2-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bennett</u>		23d. LOCATION (City, town, or county) (State) <u>Keytesville Mo.</u>
24. FUNERAL DIRECTOR <u>James McLaughlin</u>		ADDRESS <u>Marceline</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-57</u>	26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u>

(Licensed Embalmer's Statement on Reverse Side)

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 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Director, coroner, etc. must use only standard nomenclature in main part of certificate. Do not use abbreviations.
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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 *George R. [Signature]*.....
Licensed Embalmer No. *44*

P. O. Address *Marceline*

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.