

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28068

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 860

1. PLACE OF DEATH a. COUNTY <b>Green</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Sedgwick</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Wichita</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Baptist Hospital</b>			Length of stay in 1b <b>2 hrs</b>		d. STREET ADDRESS <b>5402 Polo Drive</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>DONALD</b>				First <b>WELSH</b>		Middle <b>WATSON</b>		Last	
4. DATE OF DEATH <b>9-1-57</b>				Month <b>9</b>		Day <b>1</b>		Year <b>57</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9-28-1896</b>		9. AGE (In years last birthday) <b>60</b>	
IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>C.P.A.</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Aldridge, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Watson</b>					14. MOTHER'S MAIDEN NAME <b>Rodah (unknown)</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>			16. SOCIAL SECURITY NO. <b>(?)</b>		17. INFORMANT <b>Don Watson</b>		Address <b>Kansas City, Kans.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respirated Abdominal Viscera</b> <b>(Car Accident)</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT <input checked="" 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.) <b>Car wreck</b>						
20c. TIME OF INJURY Hour <b>12:05</b> Month <b>9</b> Day <b>1</b> Year <b>57</b>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Hiway 37 S. of Monett</b>		20f. CITY, TOWN, OR LOCATION <b>Barry Mo.</b>				
21. I attended the deceased from <b>9-1-57</b> to <b>9-1-57</b> and last saw her/him alive on <b>9-1-57</b> . Death occurred at <b>7:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Frank R. Kern MD</b>					22b. ADDRESS <b>Monett Mo</b>			22c. DATE SIGNED <b>9-2-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-3-57</b>		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State) <b>Wichita, Kansas</b>		
24. FUNERAL DIRECTOR <b>Williamson Chapel-Cassville, Mo.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9-4-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

SEP 12 1957  
OCT 12 1957

FEB 28 1958

**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 *Gayle E. Williamson*  
Licensed Embalmer No. *488*

P. O. Address *Cassville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.