

FILED NOV 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1155

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph 01170		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2813 1/2 Faraon St.			Length of stay in 1b 38 years		d. STREET ADDRESS (If outside, give location) 2813 1/2 Faraon St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Claude Vergil Watson				4. DATE OF DEATH Month Day Year Oct. 22, 1957					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 22, 1895		9. AGE (In years last birthday) 62 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) Paper cutter			10b. KIND OF BUSINESS OR INDUSTRY Western Tablet Co. Brookfield, Mo.		11. BIRTHPLACE (City and state or country) C U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George W. Watson			13b. MOTHER'S MAIDEN NAME Emma Elston		14. NAME OF HUSBAND OR WIFE Nancy Watson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) Yes W.W. 1			16. SOCIAL SECURITY NO. 491-10-2775		17. INFORMANT Address Nancy Watson 2813 1/2 Faraon St.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Disease organic							INTERVAL BETWEEN ONSET AND DEATH 3 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pulmonary Emphysema							1 year		
DUE TO (c) Pulmonary Fibrosis							18 months		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 525X							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.) 525X						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 7-25-56, to 10-22-57 and last saw him alive on 10-22-57 Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Allen Spierman M.D.				22b. ADDRESS 706 Francis St. Joseph, Mo.		22c. DATE SIGNED 10-24-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 25, 1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		23d. LOCATION (City, town, or county) St. Joseph, Mo.		(State)	
24. FUNERAL DIRECTOR Clark Funeral Home St. Joseph, Mo				25. DATE RECD. BY LOCAL REG. Oct. 30, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nonfluorescent ink in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Emmal Clark

Licensed Embalmer No. 4231

P. O. Address Brooklyn

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.