t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED NOV 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36381
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 520

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Joplin — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Grand Nursing Home — Length of stay in Ib 60 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin 0495 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 417 East 23rd St., — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)
First: WILLIAM Middle: RILEY Last: WATSON

4. DATE OF DEATH Month: October Day: 28, Year: 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

8. DATE OF BIRTH 11-20-1887

9. AGE (In years last birthday) 69 — 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) Body and Fender

10b. KIND OF BUSINESS OR INDUSTRY Automobile Repair

11. BIRTHPLACE (City and state or country) Harrison, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James W. Watson

13b. MOTHER'S MAIDEN NAME Eliza Jane Peters

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs Susie Watson, Address Joplin, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-31-56, to 10-28-57 and last saw ~~him~~ him alive on 10-14-57
Death occurred at 9:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.

22b. ADDRESS Frisco Bldg., Joplin, Mo

22c. DATE SIGNED 10-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-31-1957

23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery

23d. LOCATION (City, town, or county) Carterville, Missouri (State)

24. FUNERAL DIRECTOR Thornhill - Dillon ADDRESS Joplin, Mo

25. DATE RECD. BY LOCAL REG. 11-4-1957

26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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County File Number 57-11-920
Date Filed NOV 7 1957

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 David D. Dillon

Licensed Embalmer No. 3890

P. O. Address Joplin, Mo

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.