

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037137
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 331

S. 300
v. 1-57

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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
MEDICAL CERTIFICATION

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, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONROE CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St ELIZABETH HOSPITAL		Length of stay in 1b 2 DAYS	66 th STREET ADDRESS 211 EAST SUMMER ST		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LILLIE Middle MAY Last WATSON			4. DATE OF DEATH Month OCTOBER Day 12 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 26 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 5 Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) RALLS COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DAVID C. CRANSTON		13b. MOTHER'S MAIDEN NAME SOPHIA FOSTER		14. NAME OF HUSBAND OR WIFE WHITLEY 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.		17. INFORMANT <i>David Watson</i> Address <i>Maum Park</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction, Patient</i>				INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____				4201	
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.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 <i>10/11/58</i> to <i>10/12/58</i> and last saw her alive on <i>10/12/58</i> Death occurred at <i>11:35 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Earl L. Moore, M.D.</i>		22b. ADDRESS <i>1001 Broadway</i>		22c. DATE SIGNED <i>10/14/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-15-58	23c. NAME OF CEMETERY OR CREMATORY St. JUDES CEMETERY		23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI
24. FUNERAL DIRECTOR <i>Wilson & Sons</i>		ADDRESS <i>Maum Park</i>		25. DATE RECD. BY LOCAL REG. <i>10-14-59</i>	26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke, By W. Fisher</i>

RECEIVED OCT 17 1958
MARION CO. HEALTH DEPT.
DATE FILED OCT 17 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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Levin L. Wilson.....

Licensed Embalmer No. 3014.....

P. O. Address Marion City, Ind......

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.