

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037389

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 77

S. 300

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

1. PLACE OF DEATH a. COUNTY <b>Platte</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Weston</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Weston</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>Matthew's Nursing Home</b>			Length of stay in 1b <b>5 mts.</b>		d. STREET ADDRESS <b>6830</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Omar</b> Middle <b>Glen</b> Last <b>Watson</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>30</b> Year <b>1958</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Mar. 30, 1867</b>		9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and state or country) <b>Manchester, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Watson</b>			13b. MOTHER'S MAIDEN NAME <b>Sallie Hawk</b>			14. NAME OF HUSBAND OR WIFE <b>Gertie Mae Whiteley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Name <b>Arthur Watson</b> Address <b>Watson, Weston, Mo.</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) <del>Arteriosclerosis</del> <b>Senile dementia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>						<b>4 years</b>	
DUE TO (c) <b>91 years</b>						<b>334XF</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pyelitis and cystitis, Colles fract., &amp; Rt. Femur Fracture (neck)</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>XXXXXXXXXXXXXXXXXXXX</b>					
20c. TIME OF INJURY Hour Month, Day, Year <b>XXXXXXXXXXXXXXXXXX</b>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>XXXXXXXXXXXXXXXXXX</b>		20f. CITY, TOWN, OR LOCATION <b>Weston Platte</b>		COUNTY STATE <b>Missouri</b>	
21. I attended the deceased from <b>October 15, 58</b> last saw <sup>her</sup> him alive on <b>October 29 1958</b> Death occurred at <b>3 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Lewis C. Balovich M.D.</b>				22b. ADDRESS <b>Weston, Missouri</b>		22c. DATE SIGNED <b>11/1/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-1-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Graceland Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Weston, Missouri</b>		
24. FUNERAL DIRECTOR <b>Vaughn Funeral Home</b>			ADDRESS <b>Weston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-1-1958</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Rollins</b>	



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 *W. R. Vaughn* .....

Licensed Embalmer No. *4023* .....  
P. O. Address *Weston, 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.