

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021946

FILED JUL 14 1959

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 107

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY LUBBOCK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Twsp.		Length of stay in 1b	c. CITY OR TOWN Lubbock
c. FULL NAME OF HOSPITAL OR INSTITUTION on Highway # 166 1 1/2 Miles East of Joplin		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4613 Ave. D.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Floyd	Middle Lee	Last Watson	4. DATE OF DEATH	Month July	Day 9	Year 1959
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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 1-15-1922	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Waldrep Company	11. BIRTHPLACE (City and state or country) Lubbock, Texas	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Charles Watson	13b. MOTHER'S MAIDEN NAME Dollie Mae Carruth	14. NAME OF HUSBAND OR WIFE Dorotha Mae Watson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. # 2	16. SOCIAL SECURITY NO. Yes 459-18-6414	17. INFORMANT Mrs. Floyd Lee Watson, Lubbock, Tex	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
IMMEDIATE CAUSE (a) DROWNING, ACCIDENTAL -		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CONTUSION AND LACERATION SCALP	
	DUE TO (c) CAR WRECK (THROWN OUT OF CAR)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BLOOD ALCOHOL - 258 mgm percent.	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) CAR HIT ABUTMENT OF TURKEY CREEK BRIDGE
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20c. TIME OF INJURY 12:15 p.m.	Month, Day, Year 7-9-59	1/2 MILE EAST OF JOPLIN HIGHWAY US. 166 - THROWN INTO WATER DROWNED
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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.) US. HWY # 166 1/2 EAST OF JOPLIN	20f. CITY, TOWN, OR LOCATION JASPER	COUNTY MO.	STATE
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21. I attended the deceased from 12:15 and last saw her alive on NOT ATTEND	Death occurred at 12:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Walter M. Gorman</i>	(Degree or title) MD Coronary Care Unit	22b. ADDRESS 420 N. High - Joplin Mo	22c. DATE SIGNED 7/9/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-9-1959	23c. NAME OF CEMETERY OR CREMATORY Lubbock Cemetery	23d. LOCATION (City, town, or county) Lubbock, Texas	(State)
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24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-9-59	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 23 1959

JUL 13 1959

JUL 13 1959

JAN 14 1960

JAN 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. J. Lewis

Licensed Embalmer No. _____

P. O. Address W.B.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.