

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041294

FILED VS DEC 11 1959

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 56

ENDED

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BOWLING GREEN</u>		Length of stay in 1b <u>5 MONTHS</u>		c. CITY OR TOWN <u>BOWLING GREEN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PIKE CO. REST HOME</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN HOPE WATSON</u>			4. DATE OF DEATH Month Day Year <u>DECEMBER 5 1959</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-6-1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIVE STOCK BUYER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>EDWARD B. WATSON SR</u>			13b. MOTHER'S MAIDEN NAME <u>IDA HOPE</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE WATSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT Address <u>CARRIE WATSON, BOWLING GREEN, MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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		
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 WORK <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 <u>8</u> <u>1940</u> to <u>12-5-59</u> and last saw her <u>12-5-59</u> Death occurred at <u>8</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>J M Theilus M.D.</u>				22b. ADDRESS <u>Bowling Green, Mo</u>			22c. DATE SIGNED <u>12-5-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BOWLING GREEN CEMETERY, BOWLING GREEN, MO</u>		23d. LOCATION (City, town, or county) (State) <u>BOWLING GREEN, MO</u>				
24. FUNERAL DIRECTOR <u>GRACE BANKHEAD, BOWLING GREEN, MO</u>				25. DATE RECD. BY LOCAL REG. <u>12-5-59</u>		26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling

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.