

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006082**

**FILED VS. FEB 23 1960**

141 Primary Registration District No. 3025 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>West Plains</b>	Length of stay in lb <b>14 months</b>	c. CITY OR TOWN <b>Koshkonong,</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Leslie</b> Middle <b>Warren</b> Last <b>Watson</b>	4. DATE OF DEATH Month <b>February</b> Day <b>8,</b> Year <b>1960</b>
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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>7-4-1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Napoleon Watson</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Steele</b>	14. NAME OF HUSBAND OR WIFE <b>Dorthula Watson</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Nellie Brazeal, W. Plains, Mo.</b>
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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: IMMEDIATE CAUSE (a) <b>Congestive heart failure</b>	INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>	<b>6 mos</b>
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Benign prostatic hypertrophy</b>	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 type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter signature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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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
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21. I attended the deceased from **December '58** to **2/8/60** and last saw him alive on **2/1/60**  
Death occurred at **6 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>M.L. Fowler MD</b>	22b. ADDRESS <b>West Plains Mo</b>	22c. DATE SIGNED <b>2/15/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-10-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walker Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Howell County, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Carter Funeral Home, W. Plains, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-18-60</b>	26. REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>
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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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Edward Carter*

Licensed Embalmer No. 4516  
P. O. Address *West Point*

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.