

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 29 1960/62

=60-006959

Registration District No. \_\_\_\_\_ Primary Registration District No. 5577 Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY _____											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERRIMAC</u>		Length of stay in lb <u>17 DAYS</u>		c. CITY OR TOWN <u>HOUSTON</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>St. Joseph's Hill Infirmary</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 <u>CHARLES</u> Middle <u>LEWIS</u> Last <u>WATSON</u>				4. DATE OF DEATH Month <u>FEB</u> Day <u>10</u> Year <u>1960</u>											
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/20/1876</u>		9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RETAIL MERCHANT</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL MERCHANT</u>				11. BIRTHPLACE (City and state or country) <u>BRESCOTT, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>JESSE F. WATSON</u>				13b. MOTHER'S MAIDEN NAME <u>JANE SMITH</u>				14. NAME OF HUSBAND OR WIFE <u>ANNA BOCKSTUCK</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>500-36-5535</u>				17. INFORMANT <u>Bro. Roch. St. Joseph's Hill Infirmary</u>				Address			
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>CARDIAC DECOMPENSATION</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>					
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE SEVERE</u>															
DUE TO (c) _____															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GENERALIZED ARTERIOSCLEROSIS SEVERE</u>										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 _____ a.m. _____ p.m. _____		Month, Day, Year													
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE							
21. I attended the deceased from <u>1/24/60</u> to <u>2/10/60</u> and last saw him alive on <u>2/4/60</u> . Death occurred at <u>3:00pm</u> <u>2/10/60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>Patrick C. Hogan M.D.</u> (Degree or title)						22b. ADDRESS <u>2623 Telegraph Hwy</u>			22c. DATE SIGNED <u>2/12/60</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>2-13-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>			23d. LOCATION (City, town, or county) (State) <u>Houston</u> <u>Mo.</u>								
24. FUNERAL DIRECTOR <u>Bellott</u> ADDRESS <u>Houston Mo</u>				25. DATE RECD. BY LOCAL REG. <u>2-13-60</u>		26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>									

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 Joseph Altman

Licensed Embalmer No. 4808

P. O. Address Union M

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.