

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016100

FILED VS MAY 9 1960

Registration District No. 167 Primary Registration District No. _____ Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - Grand River Twp</u> Length of stay in lb <u>20</u>		c. CITY OR TOWN <u>Rural - Grand River</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2 miles west of Bedford</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Leo</u> Middle _____ Last <u>Watson</u>			4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>4-24-1921</u>	9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Wheeling, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13. FATHER'S NAME <u>Carl Newton Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Hughes 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>unknown</u>		17. INFORMANT <u>Mrs. Leo Watson: R¹: Hale Mo.</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) Drowning INTERVAL BETWEEN ONSET AND DEATH Instantly

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 (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.) <u>Deceased was swimming in Grand River</u>
20c. TIME OF INJURY Hour <u>7:00</u> p.m. Month, Day, Year <u>4-29-60</u>	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.) <u>River</u>	20f. CITY, TOWN, OR LOCATION <u>Chillicothe, Livingston Mo</u> COUNTY <u>Livingston</u> STATE <u>Mo</u>	

21. I attended the deceased from Home to see and last saw him alive on Apr. 23-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u> (Coroner)		22b. ADDRESS <u>Chillicothe, Mo</u>		22c. DATE SIGNED <u>May 6-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-4-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>	23d. LOCATION (City, town, or county) <u>Wheeling, Mo.</u>	
24. FUNERAL DIRECTOR <u>Norman funeral Home: Chillicothe Mo</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>5-6-60</u>	26. REGISTRAR'S SIGNATURE <u>Frances B New</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 11 1964

VS DEC 27 1960

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 Elton Puma

Licensed Embalmer No. 4036

P. O. Address Chillicothe

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