RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-030357

STATE FILE NUMBER

FILED VS AUG 16 1960

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 50

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY Holt | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oregon LEWIS TWP. — Length of stay in 1b 79 years | c. CITY OR TOWN Oregon Rural, Lewis Twp. — Inside Limits Yes ☐ No ☒ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☒ | d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐ |

| 3. NAME OF DECEASED (Type or print) First | Middle | Last | 4. DATE OF DEATH Month | Day | Year |
|---|---|---|---|---|---|
| Frank | Ephiam | Watson | August | 9, | 1960 |

| 5. SEX | 6. COLOR OR RACE | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HR Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | | 12/22/1872 | 87 years | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Farmer | | Richmond, Indiana | U. S. |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Harmon Watson | Lydia Overman | Elizabeth Watson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
|---|---|---|---|
| No | 498-42-3810 | Gail Watson | Oregon, Missouri |

MEDICAL CERTIFICATION

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 |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cerebral Thrombosis | Very |
| DUE TO (b) | Cerebral Arteriosclerosis | years |
| DUE TO (c) | Generalized Arteriosclerosis | years |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 July 1960, to Aug 9, 1960 and last saw her/him alive on Aug 9, 1960

Death occurred at 5 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|
| James Humphrey M.D. | Mound City, Mo. | Aug 11, 60 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Buried | 8/12/1960 | Oregon | Oregon | Missouri |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| James H. Pettijohn | Oregon Mo. | 8/11/60 | Marjorie River Deputy |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 23 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon

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