RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038854

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 156

ED

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Length of stay in 1b 54 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 335 Clark St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 335 Clark St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLAUDE Middle NELSON Last WATSON

4. DATE OF DEATH Month Oct. Day 26, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-15-06
9. AGE (last birthday) 54 — 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) Grocer
10b. KIND OF BUSINESS OR INDUSTRY Retail
11. BIRTHPLACE (City and state or country) Lebanon, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Watson
13b. MOTHER'S MAIDEN NAME Fanny Baker
14. NAME OF HUSBAND OR WIFE Pearl Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-10-1834
17. INFORMANT Address Mrs. Pearl Watson, Lebanon, Mo.

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) Hypertensive Heart Disease 2-3 years
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) Obesity
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 Oct. 1958, to Oct. 26, 1960 and last saw him alive on Oct. 25, 1960
Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M Bummerson M.D.
22b. ADDRESS Lebanon MO
22c. DATE SIGNED 10/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-28-60
23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery
23d. LOCATION (City, town, or county) (State) Lebanon, Mo.

24. FUNERAL DIRECTOR S. R. Palmer ADDRESS Lebanon Mo.
25. DATE RECD. BY LOCAL REG. 10-28-1960
26. REGISTRAR'S SIGNATURE Nella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS NOV 9 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 Allyn Hooker

Licensed Embalmer No. 433

P. O. Address Lebanon

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.