RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-044866

STATE FILE NUMBER

LED VS DEC 7 1960

Registration District No. 338 Primary Registration District No. 450 1 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Stoddard Castor Twp.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield — Length of stay in 1b: 5 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) County Home — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First Pink; Middle NMI; Last Watson

4. DATE OF DEATH: Month Nov. Day 14, Year 1960

5. SEX male white

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11-18-78

9. AGE (last birthday) 81 — 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) Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Advance, Mo. R. 1

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Bud Watson

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) x x x x x x x x

16. SOCIAL SECURITY NO. 429-42-9131

17. INFORMANT Gusta Haskins Address Bloomfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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

DUE TO (b) Hypostatic Congestion lungs

DUE TO (c) A S H D grade III; Prostatic Hypertrophy yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hernia, (Right) Inguinal Incarcerated

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 Nov 1-60, to Nov 12-60 and last saw ~~her~~ him alive on Nov 12, 1960
Death occurred at Nov 14, in AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stephen Baldwin (Degree or title)

22b. ADDRESS Bloomfield, Mo

22c. DATE SIGNED 11-28-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 11-16-60

23c. NAME OF CEMETERY OR CREMATORY Rock Point Cemetery

23d. LOCATION (City, town, or county) Advance, Mo. Rural (State)

24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.

25. DATE RECD. BY LOCAL REG. 12-3-60

26. REGISTRAR'S SIGNATURE Mrs. George L. Baker

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1956

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_____ Signed [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, Mo

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