

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001884

FILED VS JAN 10 1961

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 3

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                             |                                                                                      |                                                                                                                             |                                                      |                                                                                                                                                                      |                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Jasper                                                                                                                                                                                                                           |                                        |                                                                                                                                                             |                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Kansas b. COUNTY Cherokee |                                                      |                                                                                                                                                                      |                                                                                       |
| .b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Joplin                                                                                                                                                                                    |                                        | Length of stay in 1b<br>23 days                                                                                                                             |                                                                                      | c. CITY OR TOWN Galena                                                                                                      |                                                      | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 |                                                                                       |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. John's Hospital                                                                                                                                                              |                                        |                                                                                                                                                             | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br>419 Joplin St.                                                             |                                                      |                                                                                                                                                                      | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Gerald (None) Watson                                                                                                                                                                                |                                        |                                                                                                                                                             |                                                                                      | 4. DATE OF DEATH<br>Month Day Year<br>January 5, 1961                                                                       |                                                      |                                                                                                                                                                      |                                                                                       |
| 5. SEX<br>Male                                                                                                                                                                                                                                                  | 6. COLOR OR RACE<br>White              | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |                                                                                      | 8. DATE OF BIRTH<br>6/6/1913                                                                                                | 9. AGE (last birthday)<br>47 yrs.                    | IF UNDER 1 YEAR<br>Months Days Hours Min.                                                                                                                            | IF UNDER 24 HR<br>Min.                                                                |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Maintenance                                                                                                                                                      |                                        | 10b. KIND OF BUSINESS OR INDUSTRY<br>Manufacturing                                                                                                          |                                                                                      | 11. BIRTHPLACE (City and state or country)<br>Galena, Kansas                                                                |                                                      | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.                                                                                                                              |                                                                                       |
| 13a. FATHER'S NAME<br>Percy Watson                                                                                                                                                                                                                              |                                        |                                                                                                                                                             | 13b. MOTHER'S MAIDEN NAME<br>Ossie Rya n                                             |                                                                                                                             |                                                      | 14. NAME OF HUSBAND OR WIFE<br>Jamia Shaddy Watson                                                                                                                   |                                                                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>Yes W. W. II                                                                                                                                        |                                        |                                                                                                                                                             | 16. SOCIAL SECURITY NO.<br>W. W. II                                                  |                                                                                                                             | 17. INFORMANT Address<br>Jamia Watson Galena, Kansas |                                                                                                                                                                      |                                                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Generalized Peritonitis</i>                                                                                                  |                                        |                                                                                                                                                             |                                                                                      |                                                                                                                             |                                                      | INTERVAL BETWEEN ONSET AND DEATH<br><i>8 days</i>                                                                                                                    |                                                                                       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                                                                                                                                      |                                        |                                                                                                                                                             |                                                                                      |                                                                                                                             |                                                      | DUE TO (b) <i>Ruptured sigmoid Diverticulum</i>                                                                                                                      |                                                                                       |
|                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                             |                                                                                      |                                                                                                                             |                                                      | DUE TO (c) <i>Diverticulosis, Colon -</i>                                                                                                                            |                                                                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>Malignant Hypertension</i>                                                                                              |                                        |                                                                                                                                                             |                                                                                      |                                                                                                                             |                                                      | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m.                                                                                                                                                                                                                           |                                        | Month, Day, Year                                                                                                                                            |                                                                                      |                                                                                                                             |                                                      |                                                                                                                                                                      |                                                                                       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input 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 <i>13 Dec 1960</i> to <i>5 Jan 61</i> and last saw <del>him</del> <i>her</i> alive on <i>5 Jan 61</i><br>Death occurred at <i>1:50 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated. |                                        |                                                                                                                                                             |                                                                                      |                                                                                                                             |                                                      |                                                                                                                                                                      |                                                                                       |
| 22a. SIGNATURE (Degree or title)<br><i>Robert Powell M.D.</i>                                                                                                                                                                                                   |                                        |                                                                                                                                                             |                                                                                      | 22b. ADDRESS<br><i>Galena, Kansas</i>                                                                                       |                                                      | 22c. DATE SIGNED<br><i>5 Jan 61</i>                                                                                                                                  |                                                                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                                                                                                                                                                                                             | 23b. DATE<br>1/8/1961                  | 23c. NAME OF CEMETERY OR CREMATORY<br>Hillcrest Cemetery                                                                                                    |                                                                                      | 23d. LOCATION (City, town, or county) (State)<br>Cherokee County Kansas                                                     |                                                      |                                                                                                                                                                      |                                                                                       |
| 24. FUNERAL DIRECTOR ADDRESS<br>Lloyd Kitch Galena, Kansas                                                                                                                                                                                                      |                                        |                                                                                                                                                             | 25. DATE RECD. BY LOCAL REG.<br>1-5-1961                                             |                                                                                                                             | 26. REGISTRAR'S SIGNATURE<br><i>Dove Merriam</i>     |                                                                                                                                                                      |                                                                                       |

JAN 13 1961

APR 20 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Steve Parker*

Licensed Embalmer No. 23148

P. O. Address Japan md

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.