

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026217

AMENDED

Registration District No. 274Primary Registration District No. 3052Registrar's No. 235

STATE FILE NUMBER

FILED JUL 24 1961

## 1. PLACE OF DEATH

a. COUNTY Pettisb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SedaliaLength of stay in 1b  
47 yrsc. FULL NAME OF  
HOSPITAL OR  
INSTITUTION Bothwell HospitalInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY PettisInside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN Sedaliad. STREET  
ADDRESS 520 South Lafayette

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

SAM ALLEN WATSON4. DATE  
OF DEATH

Month

Day

Year

July 20 1961

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-3-1903

## 9. AGE (last birthday)

58

## 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)

Foreman Construction crew

## 10b. KIND OF BUSINESS OR INDUSTRY

Mo Public Service

## 11. BIRTHPLACE (City and state or country)

Henry Co Mo

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Samuel Watson

## 13b. MOTHER'S MAIDEN NAME

Cora Griffith

## 14. NAME OF HUSBAND OR WIFE

Genevieve Watson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 16. SOCIAL SECURITY NO.

491-07-4484

## 17. INFORMANT

Mrs Genevieve WatsonAddress 520 S. Lafayette

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Generalized Carcinomatosis

## INTERVAL BETWEEN ONSET AND DEATH

6 mos.

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

## DUE TO (b)

Carcinoma of the lung.1 yr.

## 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 ☐ Unknown19. 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 August 1960 to 7-20-61 and last saw him alive on 7-20-61  
Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert V. Stewart M.D.

## 22b. ADDRESS

Bothwell Hospital - Sedalia Mo

## 22c. DATE SIGNED

7-21-61

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

Burial

## 23b. DATE

7-22-1961

## 23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

## 23d. LOCATION (City, town, or county)

Sedalia

## (State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

M<sup>c</sup>Laughlin Bros - Sedalia

## 25. DATE RECD. BY LOCAL REG.

7-21-1961

## 26. REGISTRAR'S SIGNATURE

Frances Kelly

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1961

MAR 8 1962

### 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

*K. O. M. Lary*

Licensed Embalmer No. 3153

P. O. Address

*Sedalia Mo*

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.