MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026217
STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 235

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: 47 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 520 South Lafayette — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First SAM Middle Allen Last WATSON
4. DATE OF DEATH: Month July Day 20 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-3-1903
9. AGE (last birthday): 58
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): 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: U S A
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): no (If yes, give war or dates of service)
16.
17. INFORMANT: Mrs Genevieve Watson Address 520 S. Lafayette Sedalia

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Carcinomatosis — 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 ☐ 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 August 1960, to 7-20-61 and last saw him alive on 7-20-61
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert J. Stewart (Degree or title) 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 McLaughlin Bros - Sedalia
25. DATE RECD. BY LOCAL REG. 7-21-1961
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia M

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.