

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012317

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 27

FILED APR 3 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ray</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grape Grove Township</u>  |  | c. CITY OR TOWN <u>Millville</u>   |  |
| Length of stay in 1b <u>3 years</u>  |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles NE of Millville</u>   |  | d. STREET ADDRESS (If outside, give location) <u>2 miles NE of Millville</u>   |  |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>HARRY BERTRUM WATSON</u>   |  |  | 4. DATE OF DEATH Month Day Year<br><u>March 27, 1962</u>   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/1/1881</u>   |
| 9. AGE (last birthday) <u>80</u>   |  | 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) <u>Coal miner</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Coal mining</u>   | 11. BIRTHPLACE (City and state or country) <u>Parkersburg, W. Va.</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  | 13a. FATHER'S NAME <u>John Watson</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Dora Davis</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Never married</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO. [REDACTED]   |  |
| 17. INFORMANT <u>Mrs. Tom Price, Richmond, Mo.</u>   |  | Address  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Gunshot wound (12 gauge shotgun) to mid-abdominal region, penetrating to the back.</u>   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 Hour a.m. p.m. Month, Day, Year  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 <u>never</u> to <u>---</u> and last saw her/him alive on <u>---</u><br>Death occurred at <u>approximately 10:00 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |
| 22a. SIGNATURE (Degree or title) <u>Donnyford Covner</u>   |  | 22b. ADDRESS <u>Richmond, Mo</u>   | 22c. DATE SIGNED <u>3-28-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>Mar. 29, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Thurman Funeral Home, Richmond, Mo.</u>  |  | 25. DATE RECD. BY LOCAL REG. <u>3-29-1962</u>  | 26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>  |

APR 19 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,

~~XXXX~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Levan Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.