MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-024192
STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 35

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0821
2 0821
3 2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUN 20 1962

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bowling Green — Length of stay in 1b: 25 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home Wilson & Pike Co. Rest — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pike
c. CITY OR TOWN: Bowling Green — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 305 West Main — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Carolyn Middle Viola Last Watson
4. DATE OF DEATH: Month June Day 11 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 10-6-87
9. AGE (last birthday): 74 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House-keeping
11. BIRTHPLACE (City and state or country): Wilsey, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Wesley Evans
13b. MOTHER'S MAIDEN NAME: Arameta Barrack
14. NAME OF HUSBAND OR WIFE: John Hope Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Virginia Cole, Address: Indianapolis, Ind.

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): Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart Failure — "
DUE TO (c): Undifferentiated Tachycardia — —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Vascular Accident
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 2/14/62, to 6/11/62 and last saw her alive on 6/11/62
Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Jack R. Dixie (Degree or title) D.O.
22b. ADDRESS: 214 W.Church, Bowling Green, Mo.
22c. DATE SIGNED: 6/12/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-13-62
23c. NAME OF CEMETERY OR CREMATORY: Bowling Green
23d. LOCATION (City, town, or county) (State): Bowling Green, Missouri
24. FUNERAL DIRECTOR ADDRESS: Harold Kirks, Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: June 12, 1962
26. REGISTRAR'S SIGNATURE: Maidee E. Williams

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 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 Harold Kirks

Licensed Embalmer No. 4597

P. O. Address Bowling Green, 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.