

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030800

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 14-2 Primary Registration District No. 6887 Registrar's No. 36

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 27 1962						
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Howell</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Peace Valley</u> Length of stay in lb <u>54 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u></p> <p>c. CITY OR TOWN <u>Peace Valley</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>3. NAME OF DECEASED First Middle Last <u>Mary Frances Watson</u></p> <p>4. DATE OF DEATH Month Day Year <u>8 20 1962</u></p>						
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>10/6/1895</u></p>	<p>9. AGE (last birthday) <u>66</u></p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <u>Oblong, Illinois</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Alexander Cooley</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Henrietta Wagar</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Roy S. Watson</u></p>		
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)</p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT Address <u>Leroy Watson</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis with Hemiplegia</u></p> <p style="text-align: center;">DUE TO (b) <u>Hypertension - Arteriosclerosis</u></p> <p style="text-align: center;">DUE TO (c) <u>Diabetes Mellitus</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>						<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/></p>	<p>SUICIDE <input type="checkbox"/></p>	<p>HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>		
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>				
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>		<p>STATE</p>
<p>21. I attended the deceased from <u>7-7-62</u> to <u>20-8-62</u> and last saw her alive on <u>17-8-62</u>. Death occurred at <u>5:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>						
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p>			<p>22b. ADDRESS <u>West Plains, Mo</u></p>		<p>22c. DATE SIGNED <u>22/8/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>8/22/1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) <u>Peace Valley, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Carter Funeral Home, West Plains, Mo.</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>8-24-62</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Laura Matheil</u></p>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

DATE AMENDED
 VS 300 Rev. 4/59
8460
8460
 3
 4 1
 5 1
 6
 7 1
 8 0
9260X
 10
 11
1270-0
132-0

USE BLACK INK
 OR
 TYPEWRITER RIBBON

7051 82 504

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

Leland Carter

Licensed Embalmer No.

4516

P. O. Address

West Plains 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.