

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034467

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1487

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

**FILED OCT 10 1962**

1. PLACE OF DEATH  
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b 2 weeks

c. CITY OR TOWN Walnut Grove Inside Limits Yes  No

c. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital Inside Limits Yes  No  d. STREET ADDRESS R.R. # 3 (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First NELLIE Middle M. Last WATSON 4. DATE OF DEATH Month Oct Day 4 Year 1962

5. SEX Female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Aug 11-1889 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Walnut Grove, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James M. Watson 13b. MOTHER'S MAIDEN NAME Mary Jane Owen 14. NAME OF HUSBAND OR WIFE never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Miss Pearl Watson - RR3 Walnut Grove Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH 1 year  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ 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 July 1961 to 4 Oct 1962 and last saw her/him alive on 30 Oct 1962  
Death occurred at 440 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis M. Maple MD 22b. ADDRESS Springfield, Mo 22c. DATE SIGNED 6 Oct 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-6-62 23c. NAME OF CEMETERY OR CREMATORY Turkey Creek Cemetery 23d. LOCATION (City, town, or county) (State) Walnut Grove Mo

24. FUNERAL DIRECTOR Burns - Sewell Walnut Grove Mo 25. DATE RECD. BY LOCAL REG. 10-9-62 26. REGISTRAR'S SIGNATURE Effie S. Melton

**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 Doyle L. Samuel

Licensed Embalmer No. 4902

P. O. Address Ash Grove, Wis.

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.