MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-027879
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 68

FILED JUL 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany — Length of stay in 1b: lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 406 W. Canaday — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gentry
c. CITY OR TOWN Albany — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 406 W. Canaday — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LENA Middle PEARL Last WATSON

4. DATE OF DEATH: Month July Day 13, Year 1963

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed XX Divorced ☐

8. DATE OF BIRTH: 2/1/'80

9. AGE (last birthday): 83 — 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): at home

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (City and state or country): Worth Co., Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: William R. Hines

13b. MOTHER'S MAIDEN NAME: Mary Ellen Burrows

14. NAME OF HUSBAND OR WIFE: Arthur E. Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. William R. Hines — Address: Albany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart failure - congestive
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bilateral hip fractures during past few months

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 12/15/62, to July 12, 1963 and last saw her/him alive on July 12, 1963
Death occurred at 10:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernie Parsons M.D.

22b. ADDRESS: Albany, Mo.

22c. DATE SIGNED: 7/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: July 15, 1963

23c. NAME OF CEMETERY OR CREMATORY: Highridge

23d. LOCATION (City, town, or county) (State): Stanberry, Missouri

24. FUNERAL DIRECTOR ADDRESS: Brooks-Cochell Funeral Home Albany, Mo.

25. DATE RECD. BY LOCAL REG.: 7-16-63

26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

rec'd 7-16-63

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford E. Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.