

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044997

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 292

Primary Registration District No. 4436

Registrar's No.

FILED DEC 10 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New London</u>		c. CITY OR TOWN <u>New London</u> Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>M.</u> Last <u>WATSON</u>		4. DATE OF DEATH <u>December 6, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7/29/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>81</u>
11a. FATHER'S NAME <u>James P. Watson</u>		11b. MOTHER'S MAIDEN NAME <u>Eliza Tutt</u>	11c. NAME OF HUSBAND OR WIFE <u>Never Married</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>497 09 9501</u>	12c. INFORMANT <u>Mr. Joeseeph Watson</u> Address <u>New London Missouri</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Uterus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None Known</u>			PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
14. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	15a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	15b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 13.)	
16. TIME OF INJURY Hour <u>7:30</u> a.m. <u>A</u> Month, Day, Year <u>May 4 '63</u>	16b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
17. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	17b. CITY, TOWN, OR LOCATION <u>New London Missouri</u> COUNTY <u>Ralls</u> STATE <u>Missouri</u>		
18. I attended the deceased from <u>May 4 '63</u> to <u>Dec. 6 '63</u> and last saw her alive on <u>Dec 4 '63</u> Death occurred at <u>7:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			18b. ADDRESS <u>Center. mo</u>
19a. SIGNATURE <u>C. H. Brooks</u> (Degree or title) <u>200</u>			19b. DATE SIGNED <u>12-6-63</u>
20a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	20b. DATE <u>12/9/1963</u>	20c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>	20d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>
21. FUNERAL DIRECTOR <u>Smith Funeral Home Hannibal Missouri</u> ADDRESS		21b. DATE RECD. BY LOCAL REG. <u>12/17/1963</u>	21c. REGISTRAR'S SIGNATURE <u>Colyde G. Wilkey</u>

USE BLACK INK

OR

TYPEWRITER RIBBON

APR 3 1964

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 *W. Crawford Smith*

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.