

FILED NOV 13 1957

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6131 Registrar's No. 433

S. 300
v. 1-57

3

1. PLACE OF DEATH a. COUNTY Shannon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wichita		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montier		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wichita		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb Enroute	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Amos Waif Watson			4. DATE OF DEATH Month Day Year October 20, 1957		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1925	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days Hours Min. 3 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Plant Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Oregon County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Watson		13b. MOTHER'S MAIDEN NAME Frances Roberts		14. NAME OF HUSBAND OR WIFE Ruby Watson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 498-24-1392	17. INFORMANT Address Mrs. Ruby Watson, Wichita, Kansas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing head injuries					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1 car accident					
DUE TO (c)					2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car overturned & it was thrown out.			
20c. TIME OF INJURY Hour Month, Day, Year 1:30 p.m. Oct 20 1957		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Montier Mo.			
20f. CITY, TOWN, OR LOCATION Montier Mo		COUNTY Mo		STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) O. T. Whelan III Coroner Shannon			22b. ADDRESS Emmeline St		22c. DATE SIGNED 10-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-23-1957	23c. NAME OF CEMETERY OR CREMATORY Woodside Cemetery		23d. LOCATION (City, town, or county) (State) Oregon County, Missouri	
24. FUNERAL DIRECTOR Duncan Funeral Home Mtn. View, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-9-1957	26. REGISTRAR'S SIGNATURE Mabel Green	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 18 1957

MAY 29 1958

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 *Richard A. Norton*

Licensed Embalmer No. *5029*

P. O. Address *Mt. View 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.