

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2118

BIRTH NO. _____		REG. DIST. NO. 293	PRIMARY REG. DIST. NO. 4436	Registrar's No. 3
1. PLACE OF DEATH a. COUNTY <u>Rolla</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Rolla</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London</u> 0870		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u> b. (Middle) <u>O'BRIAN</u> c. (Last) <u>WATTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 23 1880</u>	9. AGE (In years last birthday) <u>69</u> If under 1 year: Months _____ Days _____ If under 1 month: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rolla Co., Missouri</u>
13a. FATHER'S NAME <u>Charles R. Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Edgar Watts</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edgar Watts</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Renal Disease &</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nose Bleed</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>		20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>49</u> , to <u>Feb 1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 1</u> , 19 <u>50</u> , and that death occurred at <u>6 p</u> m., from the causes and on the date stated above.				
22a. SIGNATURE <u>H. J. Waters</u>		22b. ADDRESS <u>New London Mo</u>		22c. DATE SIGNED <u>Feb 3, 50</u>
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>Feb. 3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemo.</u>
24d. LOCATION (City, town, or county) (State) <u>New London Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jessie S. Frankford</u>		
DATE REC'D BY LOCAL <u>2-3-50</u>		REGISTRAR'S SIGNATURE <u>H. J. Waters</u>		ADDRESS <u>Jessie S. Frankford Mo.</u>

RECEIVED FEB 8 1950
District Health Officer No.
District File Number 2-52-
Date Filed FEB 8 1950

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4093

P. O. Address Frankfort, Ky.

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 this body is not embalmed, fact should be so stated above.