

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31326

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY Lincoln PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana			c. LENGTH OF STAY (in this place) 5 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry			1570 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				d. STREET ADDRESS (If rural, give location) N. Third Street			
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) Wiseman		c. (Last) Watts	
4. DATE OF DEATH		(Month) Sept. 16,		(Day) 1950		(Year)	
5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1856 Jan 12, 1856		9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier - retired		10b. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (State or foreign country) New Hope, Missouri <input type="radio"/>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mordecai Watts		13b. MOTHER'S MAIDEN NAME Amanda		14. NAME OF HUSBAND OR WIFE Anna Kemper Watts			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or date of service) none		17. INFORMANT'S SIGNATURE OR NAME Howard Watts ADDRESS Elsberry, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock from fractured hip</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary Hypertension DUE TO (c) Secondary anemia</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 60-90 yrs</p>					INTERVAL BETWEEN ONSET AND DEATH few days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) fell at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Elsberry Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-10-50 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
21f. HOW DID INJURY OCCUR? fell		21g. 057					
22. I hereby certify that I attended the deceased from <u>9-10, 1950</u> , to <u>9-16, 1950</u> , that I last saw the deceased alive on <u>9-15, 1950</u> , and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i>				23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 9-18-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE 9-18-50	24c. NAME OF CEMETERY OR CREMATORY Elsberry City Cem.		24d. LOCATION (City, town, or county) (State) Elsberry, Mo.		
DATE REC'D BY LOCAL REG. Sept 18, 1950		REGISTRAR'S SIGNATURE Bernice Collier 374		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i> Elsberry, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY.—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
10.48

821

0

SEP 27 1950

1950

OCT 17 1950

OCT 5 1950

OCT 2 1950

OCT

Date Received: SEP 27 1950
DISTRICT HEALTH OFFICE #2
District File Number 50-
Date Filed: SEP 25 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 *Garland King*.....

Licensed Embalmer No. 4012.....

P. O. Address *Elsherry, 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 this body is not embalmed, fact should be so stated above.