

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 28 PRIMARY REG. DIST. NO. 4163 Registrar's No. 39

0310
1

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

1. PLACE OF DEATH a. COUNTY <u>DAVIESS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DAVIESS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN JAMESPORT</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JAMESPORT 0310</u>	
c. LENGTH OF STAY (in this place) <u>2 YR.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>WATTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2-1951</u>
-------------------------------------	--------------------------	------------------------	------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>WH</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>OCT. 28-1874</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>6</u>	11. DAYS <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am</u>
-----------------	----------------------------	--	--------------------------------------	---	---------------------	-------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>LIVINGSTON CO. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>Am</u>
--	--	---	---

13a. FATHER'S NAME <u>JOHN WATTS</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA KINCADE</u>	14. NAME OF HUSBAND OR WIFE <u>MARY FLORENCE WATTS</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. L. Watts - Jamesport, Mo.</u>	ADDRESS
--	-------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>481X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from May 1-1951, to May 2, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 4:20 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Bailey D.O.</u>	(Degree or title)	23b. ADDRESS <u>Jamesport Mo.</u>	23c. DATE SIGNED <u>May 8 51</u>
--	-------------------	--------------------------------------	-------------------------------------

24a. BURIAL OR INTERMENT (Specify)	24b. DATE <u>5-4-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC - JAMESPORT DAVIESS</u>	24d. LOCATION (City, town, or county) (State) <u>MO.</u>
------------------------------------	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>14 May 1951</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelbert</u>	81	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. ...</u>	ADDRESS
--	---	----	--	---------



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.....
.....
working under my personal supervision. Student Embalmer No.....

Signed.....
Student Embalmer

Signed *William F. Richardson*.....

Licensed Embalmer No. *4715*.....

P. O. Address *Jamestown, 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.