

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1953

| | | | | | | | |
|--|---|--|--|---|--|---|------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>33</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | | | 2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Hannibal</u>) | | c. LENGTH OF STAY (in this place) <u>1 WK</u> | | c. CITY (If outside corporate limits, write RURAL and give township): <u>Hannibal</u> | | d. STREET ADDRESS (If rural, give location) <u>807 Grand Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Warren</u> b. (Middle) <u>W.</u> c. (Last) <u>Watters</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1953</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 12, 1886</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Bakery</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bittsfield, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | |
| 13a. FATHER'S NAME <u>William Watters</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alfloreba Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Myrtle Smith Watters</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>1908-12 1917-19</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Hawkins Hannibal, 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | | ? | | |
| | DUE TO (c) _____ | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u> | | | | | | |
| 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) _____ | | 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 <u>Jan 26, 1953</u> , to <u>Jan 30, 1953</u> , that I last saw the deceased alive on <u>Jan 29, 1953</u> , and that death occurred at <u>9:40 P. M.</u> from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Hannibal Mo</u> | | 23c. DATE SIGNED <u>1-31-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Feb. 2, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Moss Ridge Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Illinois</u> | | | |
| DATE REC'D BY LOCAL REG. <u>2-2-53</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____ | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 10 1953
MARION CO. HEALTH DEPT
DATE FILED FEB 10 1953

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. _____

P. O. Address _____

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.