

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10614**

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **108**

3644  
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Marion</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		<b>8644</b>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2210 West Gordon</b>			d. STREET ADDRESS (If rural, give location) <b>2210 West Gordon</b>								
3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>SAMUEL</b>	c. (Last) <b>WATTS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1953</b>							
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 23, 1874</b>	9. AGE (In years last birthday) <b>79</b>	<table border="1"> <tr> <td>IF UNDER 1 YEAR</td> <td>IF UNDER 10 HRS.</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Min.</td> </tr> </table>	IF UNDER 1 YEAR	IF UNDER 10 HRS.	Months	Days	Hours	Min.
IF UNDER 1 YEAR	IF UNDER 10 HRS.										
Months	Days										
Hours	Min.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cement Plant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ralls county, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>						
13a. FATHER'S NAME <b>Charles L. Watts</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Ann Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Watts</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Hannibal</b> <b>Mrs. Anna Watts, 2210 W. Gordon</b>								
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"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio sclerotic heart disease</b></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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)		<b>4200</b>						
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 <b>Jan 2, 1953</b> to <b>9 March 1953</b> , that I last saw the deceased alive on <b>9 March 1953</b> , and that death occurred at <b>3:55p</b> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>M. A. Volles</b>			23b. ADDRESS <b>Hannibal Mo</b>	23c. DATE SIGNED <b>March 10/53</b>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/12/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hannibal, Missouri</b>								
DATE REC'D BY LOCAL REG. <b>3-12-53</b>	REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucko</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jack Schwoy</b> ADDRESS <b>1000 Broadway, 2nd</b>								

MAR 16 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAR 16 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 Jack Schwant  
Licensed Embalmer No. 34900

P. O. Address Hannibal, 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.