

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35319**

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 71

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| 1. PLACE OF DEATH a. COUNTY <u>Chariton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> | c. LENGTH OF STAY (If this place) <u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> <u>0210</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Front Street</u> | | d. STREET ADDRESS (If rural, give location) <u>East Front Street</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> | b. (Middle) <u>-</u> | c. (Last) <u>Watts</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-3-1953</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED-NEVER MARRIED; WIDOWED-DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Dec-25-1867</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|--|--|---|------------------------|----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Railroad Worker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Thomas Watts</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Watts</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Edw Brown</u> | ADDRESS <u>Salisbury Mo</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>"</u> <u>"</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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) <u>Arterio Sclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>H43X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Jan 15, 1952, to Nov. 3rd, 1953, that I last saw the deceased alive on Nov. 2, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>E. L. Eichhorn M.D.</u> | 23b. ADDRESS <u>119 West 2nd Salisbury Mo.</u> | 23c. DATE SIGNED <u>11/4-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | 24b. DATE <u>Nov 5-1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Salisbury, Chariton, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>11-5-53</u> | REGISTRAR'S SIGNATURE <u>W. H. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winkelmyer</u> | ADDRESS <u>Salisbury Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 8 1958

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

Chas B Winkehneyer

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, Md*

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.