

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1038**  
Registrar's No. **117**

BIRTH **FILED FEB 8 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **4200**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ASH GROVE, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ASH GROVE</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0296</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>VIRGINIA</b>	(Middle) <b>PATRICIA</b>	c. (Last) <b>WATTS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 30, 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 4, 1898</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR <b>6</b> Months	IF UNDER 24 HRS. <b>29</b> Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>PILOLA COUNTY, MISSISSIPPI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GENERAL CARTER</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WATTS</b>	14. NAME OF HUSBAND OR WIFE <b>ALBERT WALTER WATTS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Albert Walter Watts Ash Grove Mo</b>	ADDRESS <b>Ash Grove Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC COLLAPSE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CARDIAC Decompensat. in</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4343</b>	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)
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?

22. I hereby certify that I attended the deceased from **Dec 14, 1953**, to **JAN 30, 1954**, that I last saw the deceased alive on **JAN 30, 1954**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>G.T. Stang</b>	(Degree or title) <b>DO</b>	23b. ADDRESS <b>Ash Grove, Mo</b>	23c. DATE SIGNED <b>2/1/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/1/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ash Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ash Grove Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-3-54</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Brian - Daniel - Ash Grove, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. ....

Student .....  
Student Embalmer

Signed

*Wayne L. Lane*  
Licensed Embalmer No. *4702*

P. O. Address *Oak Grove -*

**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.