

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1954 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 8

1080  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Washington Sup</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>10-11-10</u>		3248	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #3</u>		d. STREET ADDRESS (If rural, give location) <u>932 Jones</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mollie</u> b. (Middle) <u>—</u> c. (Last) <u>Watts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 6 1862</u>
9. AGE (In years last birthday) <u>91</u> Months <u>2</u> Days <u>18</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>
11. BIRTHPLACE (State or foreign country) <u>Bolivar - Jackson Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>mo</u>	
13a. FATHER'S NAME <u>unknown - Sallee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah F Hayes</u>	
13c. NAME OF HUSBAND OR WIFE <u>unknown (widowed)</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
15. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>kept records</u> ADDRESS <u>Warda Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility, Generalized</u> ANTECEDENT CAUSES <u>Generalized Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none none none</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>Oct 26 1952</u> to <u>Jan 24 1954</u> , that I last saw the deceased alive on <u>Jan 24 1954</u> , and that death occurred at <u>12:02 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>State Hosp #3 Kansas</u>	23c. DATE SIGNED <u>1-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/26/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-2-1954</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u>	ADDRESS <u>Registon, Mo.</u>

**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

*Paul F. White*

Licensed Embalmer No. *4805*

P. O. Address *Levada, 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.