

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15646

State File No. \_\_\_\_\_

1830

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamons Cty</u>	c. LENGTH OF STAY (in this place) <u>2 Weeks</u>	c. CITY OR TOWN <u>Brookfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>		STREET ADDRESS (Rural, give location) <u>050 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>L.</u> c. (Last) <u>Watts</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 16, 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CB &amp; Q R.R.</u>	11. BIRTHPLACE (City, State, or Foreign Country) <u>Rolla Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John M. Watts</u>	13b. MOTHER'S MAIDEN NAME <u>Mary C. Batten</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Watts</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>707-09-0515</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frances Watts</u> ADDRESS <u>Brookfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6d4</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacteremia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>B. Coli blood stream infection</u> DUE TO (c) <u>acute liver failure</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</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) _____	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 April 19 1955, to April 23 1955, that I last saw the deceased alive on April 23 1955 and that death occurred at 4:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Jack Jarvis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1019 Paul Bldg</u>	23c. DATE SIGNED <u>4-25-55</u>
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24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>April 26 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Worshill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo 655</u>
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DATE REC'D BY LOCAL REG. <u>4-25-55</u>	REGISTRAR'S SIGNATURE <u>Neve Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter L. Kelly</u> ADDRESS <u>Adg. 200</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 23 1955

MAY 23 1955

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 .....  
Signature of Student Embalmer

Signed *Forrest D. Coldsnow* .....

Licensed Embalmer No. *4714*

P. O. Address *K. C. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.