

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33959**

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **103**

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give RURAL and give township) Troy - Rural	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN	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 Lincoln Co. Memorial Hosp		e. STREET ADDRESS (If rural, give location) Whiteside Mo 0510	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) MAWK c. (Last) WATTS	4. DATE OF DEATH (Month) (Day) (Year) 10 21 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-25-1884	9. AGE (in years last birthday) Months Days Hours Min. 71 3 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR	10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR	11. BIRTHPLACE (City and State or Foreign Country) Lincoln County Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME James M. Watts	13b. MOTHER'S MAIDEN NAME ELIZA ANN BRITT	14. NAME OF HUSBAND OR WIFE Sarah E. (House) Watts
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Helen Huggan Elsberry
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) ARTERIOSCLEROSIS DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 **10-19 1955** to **10-21 1955**, that I last saw the deceased alive on **10-21 1955**, and that death occurred at **4:32 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronis P. Helling MD	23b. ADDRESS 3rd + Wood, Troy, Mo	23c. DATE SIGNED 10-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-55	24c. NAME OF CEMETERY OR CREMATORY Elsberry Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry Lincoln Mo.
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DATE REC'D BY LOCAL REG. 11-7-55	REGISTRAR'S SIGNATURE Blayne G. Snodgrass	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifton Miller - Elsberry, Mo
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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 Oct 21-1955, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Clifton Mills

Licensed Embalmer No. 334

P. O. Address Elsheny, J.

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.