

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39586

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 241	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Audrain		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Mexico		a. STATE Missouri		b. COUNTY Audrain	
c. LENGTH OF STAY (In this place) 2 months		c. CITY OR TOWN Mexicori		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 702 South Jefferson				e. STREET ADDRESS (If rural, give location) 702 South Jefferson			
3. NAME OF DECEASED (Type or Print)		a. (First) Esie		b. (Middle) Mae		c. (Last) Watts	
4. DATE OF DEATH Dec. 10 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Apr. 28, 1890		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Justin White		13b. MOTHER'S MAIDEN NAME Matilda Black		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Charles Sharp		ADDRESS Mexico, Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroners investigation. The deceased unattended by a Doctor, she had been treated				DUE TO (b) in the past by Dr. W.W. Jones D. O. Laddonia, Mo. He stated the deceased			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) suffered from a heart condition and			
2. OTHER SIGNIFICANT CONDITIONS hypertension. No evidence of foul play or poison. Coroners finding heart							
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION Condition. No Jury.		20. AUTOPSY? 443X		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Coroners, investigation, 19____, that I last saw the deceased about _____ on Dec. 10, 1955 and that death occurred at 11:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. C. Adams, M.D., Coroner, Mexico, Mo.				23b. ADDRESS		23c. DATE SIGNED 12-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-13-1955		24c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park		24d. LOCATION (City, town, or county) (State) Mexico, Missouri	
DATE REC'D BY LOCAL REG. Dec-12-1955		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home		ADDRESS Mexico, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Rep Miller

Licensed Embalmer No. *244*

P. O. Address *Medina*

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.