

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED FEB 15 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 2000 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>9 days</b>	c. CITY OR TOWN <b>Kirksville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital &amp; Clinic</b>		STREET ADDRESS (If rural, give location) <b>1111 N. Centennial</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Daisy</b>	b. (Middle) <b>V.</b>	c. (Last) <b>Watts</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 3 56</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>March 23, 1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Greencastle, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Fred Miley</b>	13b. MOTHER'S MAIDEN NAME <b>Izetta Amick</b>	14. NAME OF HUSBAND OR WIFE <b>C.R. 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. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Chester Watts, Kirksville, Mo.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive vascular disease with auricular fibrillation and Bundle branch block</b>		<b>unknown</b>
	DUE TO (c) <b>Thrombophlebitis rt. saphenous vein</b>		<b>10-12 days</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes, nephritis</b>		<b>unknown</b>

19a. DATE OF OPERATION <b>1-26-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Right saphenous ligation plus thrombectomy</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)
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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 1-25-56, 19  , to 2-3-56, 19  , that I last saw the deceased alive on 2-3-56, 19  , and that death occurred at 8:46P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Laughlin</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Kirksville, Missouri</b>	23c. DATE SIGNED <b>2-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Feb 6, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sullivan Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-9-56</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Dario &amp; Dario, Kirksville, 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 ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Robert B. Harris*

Licensed Embalmer No. *42*

P. O. Address *Kirkwood*

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.