

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23377**

FILED NOV 13 1956		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>4081</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bosworth</u>		c. LENGTH OF STAY (in this place) <u>acute life</u>		c. CITY OR TOWN <u>Bosworth</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				STREET ADDRESS (If rural, give location) <u>0110</u>			
3. NAME OF DECEASED (Type or Print) <u>DELMAR CLARENCE</u>		a. (First)		b. (Middle) <u>CLARENCE</u>		c. (Last) <u>WATT</u>	
4. DATE OF DEATH <u>Oct 18 - 1956</u>		(Month) (Day) (Year)		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>May 24 - 1874</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months <u>4</u> Days <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bosworth, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Solomon Watt</u>		13b. MOTHER'S MAIDEN NAME <u>Emmaline Waughtal</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Watt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Winston Watt</u> ADDRESS <u>Bosworth, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>with generalized metastasis</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 24, 1954</u> , to <u>Oct 18, 1956</u> , that I last saw the deceased alive on <u>April 19, 1956</u> , and that death occurred at <u>2:20 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph F. Gale</u> (Degree or title) <u>2nd</u>				23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>10-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 20 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Big Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Bosworth, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 5 - 1956</u>		REGISTRAR'S SIGNATURE <u>Reuel Koch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leipard Edwards</u> ADDRESS <u>Bosworth, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

47 - 0

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 *David J. Edwards*.....

Licensed Embalmer No. *326*

P. O. Address *Borwick, Md.*

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.