

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1503**
5

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY OR TOWN Kansas City		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 50 YRS.		d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hosp.		e. STREET ADDRESS (If rural, give location) 8241 Wornall Rd.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Flora		b. (Middle) (None)		c. (Last) Watts		Month 1 Day 1 Year 57	
5. SEX F		6. COLOR OR RACE wt		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept (14?) 1875	
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY Own Name		11. BIRTHPLACE (City and State or Foreign Country) Jackson County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Name		11. BIRTHPLACE (City and State or Foreign Country) Jackson County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Napoleon Boone			13b. MOTHER'S MAIDEN NAME Jean Douglas			14. NAME OF HUSBAND OR WIFE Edgar B. Watts	
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 ADDRESS Wallace Boone, 8241 Wornall Rd			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		II. OTHER SIGNIFICANT CONDITIONS					12-17-56
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					1-1-57
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					(15 days)
		DUE TO (b) Trauma, Multiple fractures from Fall					10 years
		DUE TO (c) Arteriosclerosis					E9030
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) about home (ice)		21c. (CITY, TOWN, OR TOWNSHIP) 123 Kansas City (COUNTY) Jackson (STATE) MO.			
21d. TIME OF INJURY 12 17 57 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pt fell on the ice			
22. I hereby certify that I attended the deceased from 12-18, 1956 , to 1-1, 1957 , that I last saw the deceased alive on 1-1, 1957 , and that death occurred at 6:55 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. L. Rowland D.O. (Degree or title)				23b. ADDRESS 8129 Wornall Rd		23c. DATE SIGNED 1-1-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-3-57		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City MO	
DATE REC'D BY LOCAL REG. 1-2-57		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, N. C. Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. I. Rowland

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 *Alvin R. Haunsche*

Licensed Embalmer No. *415*

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.