

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31614

STATE FILE NUMBER

FILED OCT 1 1957

Registration District No. 382 Primary Registration District No. 5543 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Boonerville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Boonerville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital location) Length of stay in lb HOSPITAL OR INSTITUTION <u>12 mi. S. Glasgow Life</u>		d. STREET ADDRESS (If outside location) Reside on Farm <u>12 mi. S. Glasgow</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Naomi</u> Middle <u>Watts</u> Last <u>Watts</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>17</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 23 1893</u>	9. AGE (In years last birthday) <u>63-11-27</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>11</u> Days <u>27</u> Hours <u>27</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe factory</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe mfg.</u>		11. BIRTH PLACE (City and state or country) <u>Howard Co. Mo.</u>	
13. FATHER'S NAME <u>John Quinley</u>			14. MOTHER'S MAIDEN NAME <u>Dora Conrow</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Not available</u>		17. INFORMANT <u>Mr. John Watts Franklin</u> Address <u>Franklin</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]			INTERVIEW WITH ONE OR MORE NEAR RELATIVES!
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Secondary Hemorrhage</u> DUE TO (b) <u>Traumatic Fractured Wound of Leg from fall in yard</u> DUE TO (c) <u>Chronic Myocarditis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FORMAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>9040 21</u>	
20c. TIME OF INJURY Hour <u>2:15 P.</u> Month <u>9</u> Day <u>17</u> Year <u>1957</u> a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>yard</u>
20f. CITY, TOWN, OR LOCATION <u>Boonerville</u>		20g. COUNTY <u>Howard</u>

21. I attended the deceased from <u>9-17-57</u> to <u>9-17-57</u> and last saw her <u>face</u> on <u>9-17-57</u> Death occurred at <u>2:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>W. Bloom M.D. Coroner</u> (Degree or title)	22b. ADDRESS <u>Fayette Mo</u>	22c. DATE SIGNED <u>9-23-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 20, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boonerville</u>	23d. LOCATION (City, town, or county) (State) <u>Boonerville Mo.</u>
24. FUNERAL DIRECTOR <u>Audley, Fremont</u> ADDRESS <u>Glasgow Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 23, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Walker Audley</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 11

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.....
Charles T. Fenha

Licensed Embalmer No. *50*

P. O. Address.....
Glasgow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.