

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5309 58-017673
State File No.

FILED JUN 9 1958

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. ~~5077~~ Registrar's No. 665

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Boonville ^{township} _{sp.} 10 Yrs.		c. LENGTH OF STAY (in this place) 10 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.		STREET ADDRESS (If rural, give location) R. F. D. #1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Robert	b. (Middle) Emmett	c. (Last) Watts.	June 4 1958		

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 9, 1867	9. AGE (in years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Newton Watts.	13b. MOTHER'S MAIDEN NAME Octavia Forsythe	14. NAME OF HUSBAND OR WIFE Martha L. Watts.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. G. Hopkins, Boonville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		_____	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 July 1956 to June 4, 1958, that I last saw the deceased alive on 5-20-1958, and that death occurred at 11:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE T. Beckett (Degree or title)	23b. ADDRESS Boonville MO	23c. DATE SIGNED 6.6.58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 6, 1958	24c. NAME OF CEMETERY OR CREMATORY Clarks Chapel	24d. LOCATION (City, town, or county) (State) Howard County, Missouri.
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DATE REC'D BY LOCAL REG. 6/6/58	REGISTRAR'S SIGNATURE D. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	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: *Wm W. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo

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.