FILED SEP 29 1958

XC-8307005

REG.#16277

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031933

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. Registrar's No. 540

1. PLACE OF DEATH a. COUNTY BUTLER b. CITY OR TOWN POPLAR BLUFF — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM.HOSPITAL — Length of stay in Ib 154 DAYS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI c. CITY OR TOWN EAST PRAIRIE 6671 6 — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 312 GRAND AVENUE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ROBERT Middle CLARENCE Last WATTS

4. DATE OF DEATH Month SEPTEMBER Day 15 Year 1958

5. SEX MALE C

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 12-14-17

9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEPLE JACK

10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION

11. BIRTHPLACE (City and state or country) UNION CITY, TENNESSEE 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ROBERT L. WATTS

13b. MOTHER'S MAIDEN NAME JENNIE BRASS

14. NAME OF HUSBAND OR WIFE MILDRED WATTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT VA HOSPITAL RECORDS, Address POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARCINOMA OF COLON WITH WIDESPREAD METASTASES. — INTERVAL BETWEEN ONSET AND DEATH 1 YEAR

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) NON FUNCTIONING LEFT KIDNEY, SECONDARY TO METASTASES. 1 YEAR

c. INTESTINAL OBSTRUCTION, DUE TO METASTASES WITH SECONDARY ILEOSTOMY. — 3 MONTHS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

MALNUTRITION AND CACHEXIA, SECONDARY TO DGS.#1 AND #3.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1538

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 14, 1958 to Sept. 15, 1958 and death occurred at 1:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. W. GASKINS, M.D., (Degree or title) Chief, Surgical Svc.

22b. ADDRESS VA Hosp., Poplar Bluff, Mo.

22c. DATE SIGNED 9/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 9-17-58

23c. NAME OF CEMETERY OR CREMATORY D.O.F.

23d. LOCATION (City or town county) Mississippi (State) Mo.

24. FUNERAL DIRECTOR Travis Shelby A. East Physician

ADDRESS

25. DATE REC'D BY LOCAL REG. 9/30/58

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

RECEIVED
SEP 24 1956

BUTLER CO. HEALTH CENTER

FILE No._____

SEP 29 1958

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 ..... Signed .....
Signature of Student Embalmer

Licensed Embalmer No. 4 9410

P. O. Address East Prairie

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.