

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013671
STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 174

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Consett</u> | |
| b. CITY OR TOWN <u>Independance</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Boyard</u> 0170 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1826 Sterling</u> | | d. STREET ADDRESS <u>RFD</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Grant</u> Last <u>Wattman</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>16</u> Year <u>1959</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan 9 - 1872</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working years if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years) <u>87</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>7</u> IF UNDER 24 HRS.: Hours <u>1</u> Min. |
| 11. BIRTHPLACE (City and state or country) <u>Urbana, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>NW Wattman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charlotte Keener</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Margaret K Wattman</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) <u>No</u> (If yes, give dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT <u>Ethel Wattman</u> Address <u>1826 Sterling Indep Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Probable coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>4 yrs</u> <u>-</u> |
| 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | 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 <u>1954</u> to <u>1958</u> and last saw him alive on <u>4-13-59</u> Death occurred at <u>1100 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Paul Z Buckman MD</u> | | 22b. ADDRESS <u>Independence Mo</u> | 22c. DATE SIGNED <u>4-16-59</u> |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/19/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Van Horn Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Texas, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Clifford Austin</u> ADDRESS <u>Tina, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-19-59</u> | 26. REGISTRAR'S SIGNATURE <u>James S. Kelly</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC-17 1953

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 *Clyfford W Austin*

Licensed Embalmer No. *3233*
P. O. Address *Tenn, 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.