RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59-032975
STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 87

DED

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford — Length of stay in 1b: 4 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Troy — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 430E Wood (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Claud Middle Caesar Last Watts
4. DATE OF DEATH: Month Sept Day 30 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-12-1880
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months 0, Days 18 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Oil Delivery
11. BIRTHPLACE (City and state or country): Snowhill MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Wesley Watts
13b. MOTHER'S MAIDEN NAME: Emma Taylor
14. NAME OF HUSBAND OR WIFE: Nancy Watts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-07-4023-A
17. INFORMANT: Nancy Watts Address: Troy 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) SUB-ARACHNOID HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: ONE WK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS, GENERALIZED
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 _____, to Sept 30, 1959 and last saw her him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Berry (Degree or title) M.D.
22b. ~~ADDRESS~~ Troy Mo.
22c. DATE SIGNED 10-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 3, 1959
23c. NAME OF CEMETERY OR CREMATORY: Troy Cemetery
23d. LOCATION (City, town, or county) (State): Troy MO.

24. FUNERAL DIRECTOR: D.W. McCoy ADDRESS: Troy Mo.
25. DATE RECD. BY LOCAL REG.: 10-1-1959
26. REGISTRAR'S SIGNATURE: Charlotte Leeke

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAR 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed D.O. McCoy

Signature of Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy Mo

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