

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 3 2 3 1

FILED VS DEC 29 1959

Registration District No. 002 Primary Registration District No. 3017 Registrar's No. 68

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ANDREW</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>ANDREW</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>NODAWAY TOWNSHIP</b>		Length of stay in 1b		c. CITY OR TOWN <b>RFD # 2 Savannah</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1 miles south Savannah</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1 mile south</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MARGARET ANN WATTS</b>				4. DATE OF DEATH Month Day Year <b>December 19, 1959</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/31/63</b>	9. AGE (last birthday) <b>96</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <b>housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Andrew County, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JOSHUA HOUSMAN</b>			13b. MOTHER'S MAIDEN NAME <b>MARTHA JANE FULLER</b>			14. NAME OF HUSBAND OR WIFE <b>SAMUEL LANE WATTS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>- - -</b>		17. INFORMANT Address <b>John Watts, RFD # 2 Savannah, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS.</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>SUPERANNUATION</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Immediate.</b>  <b>Unknown.</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <b>January 2, 1958</b> to <b>December 19, 1959</b> and last saw her alive on <b>December 19, 1959</b> Death occurred at <b>10:50 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) <i>W. M. Lerner, D.O., Lerner</i>				22b. ADDRESS <b>307 W. Main, Savannah, Mo.</b>		22c. DATE SIGNED <b>12/21/59</b>		
23a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>		23b. DATE <b>12/21/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Savannah, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>BREIT &amp; HAWKINS SAVANNAH</b>			25. DATE RECD. BY LOCAL REG. <b>12-23-59</b>		26. REGISTRAR'S SIGNATURE <i>Lillian Spahr</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*James H. Hawkins*

Licensed Embalmer No. 4536

P. O. Address Savannah

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.