

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010037

FILED VS APR 11 1960

042 Primary Registration District No. 1000 Registrar's No. 409

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 9 yrs.	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1715 Jones		
3. NAME OF DECEASED (Type or print) First Middle Last Dessa Jane Watts			4. DATE OF DEATH Month Day Year March 29, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/22/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Gentry County, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Gabriel		13b. MOTHER'S MAIDEN NAME Francis Pool		14. NAME OF HUSBAND OR WIFE Glenn Watts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488 14 3331	17. INFORMANT 1715 Jones St. Joseph, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE					INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS					UNK.	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PREVIOUS CEREBRAL HEMORRHAGE 3 MO AGO				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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 MARCH 25, 1960 to MARCH 29, 1960 and last saw her/him alive on MARCH 29, 1960 Death occurred at 5:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) L. H. Pifer, M.D.			22b. ADDRESS 1302 Faran St. Joseph, Mo.		22c. DATE SIGNED 3/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY King City Cem.	23d. LOCATION (City, town, or county) (State) King City, Mo.			
24. FUNERAL DIRECTOR Harold E. Goodell		ADDRESS King City, Mo.	25. DATE RECD. BY LOCAL REG. April 5, 1960	26. REGISTRAR'S SIGNATURE Wm. Clark Goodell		

DOCUMENT

MEDICAL CERTIFICATION
L. H. Pifer, M.D.

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harold G. Woodruff

Licensed Embalmer No. 4609

P. O. Address King City

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