

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033729

INDEXED

FILED VS. **SEP 26 1960**

10

Primary Registration District No. **5032**

Registrar's No. **229**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn		Length of stay in 1b Year Year		c. CITY OR TOWN Rush Hill		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #1, Rush Hill			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD #1, Linn TWP			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELIA Middle CRAIG Last WATTS				4. DATE OF DEATH Month September Day 18 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-22-68	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life; none if retired) Widow at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Callaway Co., Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME A. T. Dunn			13b. MOTHER'S MAIDEN NAME Jane Via		14. NAME OF HUSBAND OR WIFE Tyra Watts, Dec'd		
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. None	17. INFORMANT Address Mrs. John Gerwin, Rush Hill, 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) ACUTE CARDIAC DECOMPENSATION						INTERVAL BETWEEN ONSET AND DEATH 72 HRS	
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE						10 YRS	
DUE TO (c) OLD AGE + SENILITY							
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. <input type="checkbox"/> Yes <input 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 2:15 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 Sept 1954 to Sept 18 1960 and last saw her alive on Sept 16 1960 Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) William W Jones DO				22b. ADDRESS Ladonia Mo		22c. DATE SIGNED 9-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-19-60	23c. NAME OF CEMETERY OR CREMATORY Benton City Cemetery		23d. LOCATION (City, town, or county) Benton City, Missouri		(State)	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Missouri			ADDRESS 510 S. Washington	25. DATE RECD. BY LOCAL REG. Sept 19-1960	26. REGISTRAR'S SIGNATURE Blanche Keely		

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Y. McDonald

Licensed Embalmer No. 482

P. O. Address Memphis

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.