

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023671

STATE FILE NUMBER

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 107

FILED JUN 19 1961

1. PLACE OF DEATH

a. COUNTY **Saline**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Saline**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Marshall**Length of stay in lb
4 hoursc. CITY
OR TOWN **Slater**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Fitzgibbon Hospital**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
845 Watts St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

H ARVEY**MAJOR****WATTS, SR.**4. DATE
OF DEATH

Month

Day

Year

June**13****1961**5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/19/1891**69**

9. AGE (last birthday)

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Car Inspector10b. KIND OF BUSINESS OR INDUSTRY
G.M. & O. RR.11. BIRTHPLACE (City and state or country)
Nelson, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Watts

13b. MOTHER'S MAIDEN NAME

Mattie Staples

14. NAME OF HUSBAND OR WIFE

Lola Watts15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
DK

17. INFORMANT

Address

Harvey Watts, Jr., Slater, 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)

Perforated Cecum, ShockINTERVAL BETWEEN
ONSET AND DEATH**7 hrs**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Massive Hemorrhagic Necrosis**7 hrs**

DUE TO (c)

Acute Cholelithiasis**10 hrs**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 ☐ Unknown19. 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 **12 June 61** to **13 June 61** and last saw him alive on **13 June 61**.
Death occurred at **3:22 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL-CREATION,
REMOVAL (Specify)
Burial

23b. DATE

June 15, 1961

23c. NAME OF CEMETERY OR CREMATORY

Arrow Rock

23d. LOCATION (City, town, or county)

Arrow Rock, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Haines Funeral Home, Slater, Mo.

25. DATE RECD. BY LOCAL REG.

6-13-61

26. REGISTRAR'S SIGNATURE

Leilly Read

(Licensed Embalmer's Statement on Reverse Side)

1961 JUN 27

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 Walter J. Haines Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.