

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030472-
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 109

FILED SEP 10 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Cooper		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		a. STATE Missouri b. COUNTY Cooper	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 1/2 Main St.		Length of stay in 1b 2 years		c. CITY OR TOWN Boonville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 316 1/2 Main St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 316 1/2 Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First George Middle Hugh Last Watts			Month September Day 1 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1893	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Howard county, Mo. USA	
13a. FATHER'S NAME William Clinton Watts		13b. MOTHER'S MAIDEN NAME Delia P. Lowe		14. NAME OF HUSBAND OR WIFE Evelyn F. Dodson	
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.		17. INFORMANT Winfred Watts New Franklin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral vascular Brain					2 wks
DUE TO (b) Self reflected					
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. <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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self reflected cerebral vascular.	
20c. TIME OF INJURY 11:45 a.m. 9/1/62					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Boonville Cooper Mo	
21. I attended the deceased from about 11:45 a.m. 9/1/62 and last saw her/him alive on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Decker			22b. ADDRESS Mo. Carner Boonville Mo		22c. DATE SIGNED 9/3/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 3, 1962	23c. NAME OF CEMETERY OR CREMATORY Clark's Chapel Cem.		23d. LOCATION (City, town, or county) (State) Howard County, Missouri
24. FUNERAL DIRECTOR Markland Hall New Franklin, Mo.			25. DATE RECD. BY LOCAL REG. 9/3/62		26. REGISTRAR'S SIGNATURE W. Hooper

VS 300 Rev. 4/59
0275
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DATE AMENDED

3
4 **0**
5 **2**
6
7 **0**
8 **2**
9 **976X**
10
11
12 **90-3**
13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

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

Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin 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.