

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031996

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 318

STATE FILE NUMBER

VS 300
Rev. 4/591080820808

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12 1-013 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

Pettisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in lb
62 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospInside limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pettisc. CITY
OR TOWN Sedaliad. STREET ADDRESS (If outside, give location)
813 E. 19thInside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Willis A. Watts

4. DATE OF DEATH

Month

Day

Year

Aug. 28, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1-18-1891

9. AGE (last birthday)

71IF 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)
Maintenance10b. KIND OF BUSINESS OR INDUSTRY
State Highway11. BIRTHPLACE (City and state or country)
Camden, Ill12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Allen G. Watts

13b. MOTHER'S MAIDEN NAME

Cora E. (Lunsman)14. NAME OF HUSBAND OR WIFE Deceased Mary Josephine M. Neely

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

yesWW I

16. SOCIAL SECURITY NO.

486-36-0929

17. INFORMANT

Mrs. Betty Ruth Hayes - Indep. 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)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Acute urinary retention due to prostatic hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. 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 July 1958 to Present and last saw him alive on 28 Aug 1962
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald C. DintM.D.

22b. ADDRESS

Sedalia, Mo.

22c. DATE SIGNED

29 Aug 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8-30-62

23c. NAME OF CEMETERY OR CREMATORY

Crown Hill

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

SedaliaMo

24. FUNERAL DIRECTOR

M. Laughlin Bros.

ADDRESS

579 So. 1st

25. DATE RECD. BY LOCAL REG.

Aug. 30, 1962

26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 5 1962

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

John R. Sumner Jr.

Licensed Embalmer No.

5173

P. O. Address

Adelphia 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.