MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-047592
STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 48

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Elsberry — Length of stay in 1b: 6 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sunset Retirement Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Elsberry — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 110 N. Third St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Anna Middle Eliza Last Watts
4. DATE OF DEATH: Month Dec. Day 27, Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-8-63
9. AGE (last birthday): 99 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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: own home
11. BIRTHPLACE (City and state or country): RFD Elsberry, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: French Kemper
13b. MOTHER'S MAIDEN NAME: Jane Luckett
14. NAME OF HUSBAND OR WIFE: W. W. Watts - deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Grace Long — Address: Elsberry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PNEUMONIA (TERMINAL) — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): CONGESTIVE HEART FAILURE — 7 "
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. ☐ 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 12-20-62, to 12-27-62 and last saw her ~~him~~ alive on 12-27-62
Death occurred at 4:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Elsberry Mo
22c. DATE SIGNED: 12/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 29, 1962
23c. NAME OF CEMETERY ~~OR CREMATORY~~: City
23d. LOCATION (City, town, or county) (State): Elsberry, Missouri

24. FUNERAL DIRECTOR: Ricks Funeral Home — ADDRESS: Elsberry, Mo.
25. DATE RECD. BY LOCAL REG.: 12/31/62
26. REGISTRAR'S SIGNATURE: Kay T Reasel

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1963

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 _____

Licensed Embalmer No. 4017

P. O. Address Elsberry, 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.