

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 131 STATE FILE NUMBER 63040969

DO NOT WRITE ON THIS STUB AMENDED

VS 300  
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| FILED OCT 22 1963  |   | 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar, Mo.</u>  |   | Length of stay in 1b <u>68 Years</u>  |  | c. CITY OR TOWN <u>Bolivar</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>                                      |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location) <u>518 S. Boston</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                |   |
| 3. NAME OF DECEASED (Type or print) First <u>Joe</u> Middle <u>Albert</u> Last <u>Watts</u>                                  |   |   | 4. DATE OF DEATH Month <u>October</u> Day <u>13</u> , Year <u>1963</u> |  |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec 29, 1894</u>                                   | 9. AGE (last birthday) <u>68</u>   | 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) <u>Salesman</u>                  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>   |  | 11. BIRTHPLACE (City and state or country) <u>Polk County</u>  |   |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u>   |   | 13a. FATHER'S NAME <u>Joseph Watts</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Rhoda Comton</u>  |   |
| 14. NAME OF HUSBAND OR WIFE <u>Willa Watts</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>                            |  | 16. SOCIAL SECURITY NO. [redacted]   |   |
| 17. INFORMANT <u>Willa Watts</u>   |   | Address <u>Bolivar, Mo.</u>   |  | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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 _____ 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 <u>10/13/63</u> to <u>10/14/63</u> and last saw her alive on <u>10/14/63</u>                |   | Death occurred at <u>10:45 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                        |  |  |   |
| 22a. SIGNATURE <u>D C McEraw</u> (Degree or title) _____   |   | 22b. ADDRESS <u>Bolivar Mo</u>  |  | 22c. DATE SIGNED <u>10/14/63</u> (State)   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>10/15/63</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>   | 23d. LOCATION (City, town, or county) <u>Bolivar, Mo.</u>              |  |   |
| 24. FUNERAL DIRECTOR <u>Paul D. Butler</u> ADDRESS <u>Bolivar, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>Oct. 14, 1963</u>   |  | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per J. H.</u>  |   |

Permit issued Oct 14, 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 Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.

8.4