

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14980

State File No.

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>558</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forest City</u>		44 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>			b. (Middle) <u>*</u>		c. (Last) <u>Watts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1949</u>
5. SEX <u>male</u> 0	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug. 4, 1883</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Month <u>9</u> Day <u>13</u>	IF UNDER 4 HRS. Hour <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mound City, Mo.</u> 0		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Erasms C. Watts</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Eastridge</u>		14. NAME OF HUSBAND OR WIFE		
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. <u>500-07-9201</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bryan Watts, St. Joseph, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral stenosis & Mitral insufficiency</u> ANTECEDENT CAUSES <u>Cardiac decompensation, Cardiac</u> DUE TO (b) <u>Rheumatic Heart Disease & Atrial</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Metastasis of a malignant growth to lungs of unknown origin</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> <u>5 month</u> <u>4 1/2 x</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May-6, 1949</u> , to <u>May-17, 1949</u> , that I last saw the deceased alive on <u>May-16, 1949</u> , and that death occurred at <u>1:55 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. L. Howler M.O.</u>				23b. ADDRESS <u>620 Travis St.</u>		23c. DATE SIGNED <u>5-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baldwin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 18, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Crawford</u> ADDRESS <u>Mound City Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

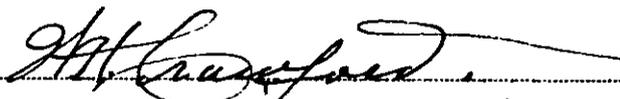
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed .....

Licensed Embalmer No. 1824.....

P. O. Address. Mound City, 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 this body is not embalmed, fact should be so stated above.