

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11845

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4019 Registrar's No. 81

0040
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1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON CITY</u> <u>0040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WABASH RR. RW.</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TYRA</u> b. (Middle) <u>Rowland</u> c. (Last) <u>WATTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3-1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MAY 10-1867</u>		9. AGE (In years last birthday) <u>82</u>		10. CITIZENSHIP (If under 1 year last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
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 <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>AUDRAIN Co. Mo.</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Thomas L WATTS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA EVANS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. T.R. WATTS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Robinson Benton Mo</u> ADDRESS _____	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Cav. Accidental, Struck by</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Wolash Train #10 while walking</u> DUE TO (c) <u>across tracks at street crossing</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Crushed Skull, Badly mangled</u>		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None. Jury's Verdict: Accident on H</u>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Street in Benton City</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton City Audrain Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 3 1950 11:50 am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by P.R. Train</u> 6802 8.5	

22. I hereby certify that I attended the deceased from May 19, 1950, to May 3rd, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A.C. Adams, M.D. Coronary</u> (Degree or title)		23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>5-3-1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 4-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BENTON CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BENTON CITY MO.</u>	
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DATE REC'D BY LOCAL REG. <u>May 4-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Quigg</u> ADDRESS <u>Meris Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Tyra R. Watts

RECEIVED MAY 8 1958
District Health Officer No. _____
District File Number 5-50-7
Date Filed _____

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 _____

Richard Y. McDonald

working under my personal supervision.

Student Embalmer No. 371

Signed Richard Y. McDonald
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3569

P. O. Address Mexico, 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.