

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14119

DEATH NO. _____		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6968		Registrar's No. 33			
1. PLACE OF DEATH a. COUNTY <u>Platte County Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Carroll Twp</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAIRO, ILL.</u>		1120 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>306 - 28th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>Roy</u> c. (Last) <u>Watley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>Dec. 16 - 1879</u>			
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 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 _____		11. BIRTHPLACE (State or foreign country) <u>Libertyville Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Benjamin Watley</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Chien</u>		14. NAME OF HUSBAND OR WIFE <u>HATTIE WATLEY</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>332-03-7562</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HATTIE WATLEY</u> ADDRESS <u>CAIRO-ILLINOIS</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u>				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <u>Senility</u>					
				DUE TO (c) <u>Miliary tuberculosis of the liver, lungs and kidneys</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>the liver, lungs and kidneys</u>									
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Platte City, Platte, Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Feb 15, 1950</u> , to <u>April 17, 1950</u> , that I last saw the deceased alive on <u>4-17, 1950</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James M. D. M.D.</u>				23b. ADDRESS <u>1429 Prof. Bldg. M.C. Mo</u>		23c. DATE SIGNED <u>4-17-50</u>			
24a. BURIAL, CREMATION, REMOVAL <u>REMOVAL</u>		24b. DATE <u>4-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>CHARLESTON, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <u>4-17-50</u>		REGISTRAR'S SIGNATURE <u>Aphie Rollins</u> 257		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hollins + Mitchell, Platte City, Mo.</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 4-29-50

MAY 1 0 1950

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 \_\_\_\_\_

*Roland M. Giffey*

Licensed Embalmer No. \_\_\_\_\_

*4725*

P. O. Address \_\_\_\_\_

*Platte 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.