

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23415

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 5543 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>HOWARD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>HOWARD</b>	
b. CITY OR TOWN <b>RURAL BOONSLICK MO</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>RURAL BOONSLICK MO</b>	d. STREET ADDRESS (If rural, give location) <b>17 miles So Glasgow</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>12 miles So Glasgow</b>		d. STREET ADDRESS (If rural, give location) <b>17 miles So Glasgow</b>	

3. NAME OF DECEASED (Type or Print) <b>JENNIE L. WATTS</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 3 1950</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 24, 1871</b>	9. AGE (in years) (last birthday) <b>79</b>	10. MONTHS <b>7</b>	11. DAYS <b>9</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HER HOME</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES H WILKINSON</b>	13b. MOTHER'S MAIDEN NAME <b>ELNORA FINNELL</b>	14. NAME OF HUSBAND OR WIFE <b>LEE WATTS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Watts</b>	ADDRESS <b>Boonville MO</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Apr 1949</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		<b>unknown</b>
	DUE TO (c) <b>Hypertension</b>		<b>unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>332X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Apr 2, 1949**, to **Aug 1, 1950** that I last saw the deceased alive on **Aug 1, 1950** and that death occurred at **12:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Chamberlain MD</b> (Degree or title)	23b. ADDRESS <b>New Franklin mo</b>	23c. DATE SIGNED <b>Aug 5 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 6, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CLARKS CHAPEL</b>	24d. LOCATION (City, town, or county) (State) <b>HOWARD MO</b>
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DATE REC'D BY LOCAL REG. <b>Aug. 5, 1950</b>	REGISTRAR'S SIGNATURE <b>Walker Audsley</b>	410	25. FUNERAL DIRECTOR'S SIGNATURE <b>Audsley-Friemuth</b>	ADDRESS <b>Glasgow, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

450

RECEIVED 8-9-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 8-9-50

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 *J. Walker Audsley*

Licensed Embalmer No. 3336

P. O. Address. *Glasgow 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.