No. 300
10.48

390
1

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33297

BIRTH NO. _____ REG. DIST. NO. 121 PRIMARY REG. DIST. NO. 4202 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove
c. LENGTH OF STAY (In this place): 39 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ash Grove 039
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) THOMAS c. (Last) WATTS

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 27, 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 14, 1873

9. AGE (In years last birthday): 77 — If under 1 year: Months 3 Days 13 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN COOPER

10b. KIND OF BUSINESS OR INDUSTRY: LIME AND PORTLAND CEMENT

11. BIRTHPLACE (State or foreign country): TENN.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN WATTS

13b. MOTHER'S MAIDEN NAME: ELIZABETH MORTON

14. NAME OF HUSBAND OR WIFE: LILLIE MAE WATTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 491-03-8629

17. INFORMANT'S SIGNATURE OR NAME: LILLIE MAE WATTS — **ADDRESS**: Ash Grove Mo

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) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: UNKN.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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): ASH GROVE GREENE MO.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on* 10-27, 1950, *and that death occurred at* 12 Noon, *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): Coroner

23b. ADDRESS: Springfield Mo.

23c. DATE SIGNED: 10-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10-29-50

24c. NAME OF CEMETERY OR CREMATORY: Ash Grove Cemetery

24d. LOCATION (City, town, or county) (State): Ash Grove Mo.

DATE REC'D BY LOCAL REG.: 11/2/50

REGISTRAR'S SIGNATURE: Irene P. Wilson

25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Burris Funeral Service Ash Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Greene County Health Office,
County File Number 50-11-54
Date Filed 11-6-50

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 Warren D Noblett

Licensed Embalmer No. 4605

P. O. Address Ash Grove Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.