

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18718

Registrar's No. 14954

| | | | | | | | | | | | |
|--|--|---|--|--|-------------|--|-----------------|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 14954 | | | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry | | 0570 | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | | d. STREET ADDRESS (If rural, give location) _____ 1 | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) Ewing | | | a. (First) | | b. (Middle) | | c. (Last) Watts | | | | |
| 4. DATE OF DEATH | | 5. SEX | | 6. COLOR OR RACE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | | | |
| May 25, 1951 | | Male | | White | | Widowed | | Nov 25, 1877 | | | |
| 9. AGE (In years last birthday) | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 75 | | Barber | | | | Lincoln County Mo | | | | | |
| 13a. FATHER'S NAME | | | 13b. MOTHER'S MAIDEN NAME | | | 14. NAME OF HUSBAND OR WIFE | | | | | |
| Martin Watts | | | Helen Carr | | | Grace Watts | | | | | |
| 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 | | | ADDRESS | | |
| No | | | None | | | Mrs Jack Vann Elsberry Mo | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | | | 3 days | | | |
| | | | | ANTECEDENT CAUSES | | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Arteriosclerotic heart disease | | | |
| | | | | DUE TO (c) _____ | | | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS | | | | | | | |
| | | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 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) | | | | | |
| | | | | | | | | | | | |
| 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? H200 | | | | | |
| | | | | | | | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 1941, to 25 May 1951, that I last saw the deceased alive on 25 May, 1951, and that death occurred at 11:10 P.M., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE Richard J. Gove | | | | | | 23b. ADDRESS 3720 Washington | | | 23c. DATE SIGNED 28 May 51 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | | 24b. DATE 5-26-51 | | | 24c. NAME OF CEMETERY OR CREMATORY City | | | 24d. LOCATION (City, town, or county) (State) Elsberry, Missouri | | |
| DATE REC'D BY LOCAL REG. MAY 28 1951 | | | REGISTRAR'S SIGNATURE J B Lester | | | 25. FUNERAL DIRECTOR'S SIGNATURE | | | ADDRESS Albert H. Hoppe-4700 Washington Blvd | | |

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4099

P. O. Address W. P. ...

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.