

FILED OCT 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30932

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3847 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Diamond</u>	
c. LENGTH OF STAY (In this place) <u>13 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sak Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>FRANK</u> b. (Middle) <u>Watrous</u> c. (Last) <u>Watrous</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21 51</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>Aug 2 1881</u>		9. AGE (In years) (Month) (Day) (If under 1 year, last birthday) <u>70 1 19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>SEDAN KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			

13a. FATHER'S NAME <u>William Watrous</u>		13b. MOTHER'S MAIDEN NAME <u>Wairy Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Muelle Watrous</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Watrous Neosho, Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u> <u>15 years</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		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)		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 19 Sept, 1951, to 21 Sept, 1951, that I last saw the deceased alive on 21 Sept, 1951, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Taylor</u> (Deputy or title)		23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>25 Sept 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kennway Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 25, 1951</u>		REGISTRAR'S SIGNATURE <u>Mebrin C. Bonham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mort. Neosho, Mo.</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 1051-220
Date Filed OCT 5 1951

NEOSHO, MISSOURI

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 _____

HAROLD D. GIBSON

working under my personal supervision.

Student Embalmer No. 424

Signed H. D. Gibson
Student Embalmer

Signed H. G. White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.