

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36473

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1150

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">2 days</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">(23 South 11th St., Duncan Rest Home</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2201 S. 10th St.</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Albert Ar</p>	b. (Middle) <p style="text-align: center;">Arthur</p>	c. (Last) <p style="text-align: center;">Watts</p>	(Month) <p style="text-align: center;">November</p>	(Day) <p style="text-align: center;">9,</p>	(Year) <p style="text-align: center;">1951</p>

5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">December 4, 1870</p>	9. AGE (In years last birthday) <p style="text-align: center;">80</p>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
---	--	--	---	--	-----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">ret. carpenter</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">building</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Nova Scotia, Canada</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>
--	--	---	--

13a. FATHER'S NAME <p style="text-align: center;">unk.</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">unk.</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Maude Watts</p>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. W. H. Vanatta,</p>	ADDRESS <p style="text-align: center;">1216 1/2 S. 11th, St. Joseph, Mo</p>
---	--	---	--

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, ashenia, 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) <p style="text-align: center;">Uremia Chronic</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Mitral Insufficiency</p> 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 <p style="text-align: center;">No operations</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">None</p>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p style="text-align: center;">No injury</p>
---	--	---

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? <p style="text-align: center;">No injury</p>
---	--	--

22. I hereby certify that I attended the deceased from Nov. 9, 51, 1951, to Nov. 9, 1951, that I last saw the deceased alive on Nov. 9, 1951, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">J. P. Ellertson</p>	23b. ADDRESS <p style="text-align: center;">801 1/2 Francis, St. Joseph, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">11/10/51</p>
--	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	24b. DATE <p style="text-align: center;">11/12/1951</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Memorial Park Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St. Joseph, Missouri</p>
--	--	---	--

DATE REC'D BY LOCAL REG. <p style="text-align: center;">Nov. 14, 1951</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Carl C. Cash</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Heaton-Bowman Funeral Home</p>	ADDRESS <p style="text-align: center;">St. Joseph, Mo.</p>
--	--	---	---

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

117  
4

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Eugene Wood*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joseph*

**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.