

FILED JAN 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **331**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph 0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>822 N 23rd St. 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bryan</u> b. (Middle) <u>Raul</u> c. (Last) <u>Watts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-21-52</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>9-19-1910</u>		9. AGE (In years last birthday) <u>41</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Packing Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Raul Watts</u>		13b. MOTHER'S MAIDEN NAME <u>Ola Morton</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Watts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-14-1371</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doris Watts</u> ADDRESS <u>St. Joseph, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Lymphatic Leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from 1-18-52, 1952, to 1-21-52, 1952, that I last saw the deceased alive on 1-21-52, 1952, and that death occurred at 9:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>W.C. Senne</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>2070 S Bldg St. Joseph, Mo.</u>		23c. DATE SIGNED <u>1-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	
24d. LOCATION (City, town, or county) (State) <u>Mound City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.M. Rich</u> ADDRESS <u>Savannah, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan 22, 1952</u> REGISTRAR'S SIGNATURE <u>Carl C. East</u>	

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm A. Rich

Licensed Embalmer No. 4228

P. O. Address Savannah, 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.