

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18435
034223

No. 300
10.48 FILED MAY 27 1953

State File No. _____
REGISTRY VOUCHER NUMBER _____
REGISTRAR'S No. 252

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200L Registrar's No. 252

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

495

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1714 N B ST		d. STREET ADDRESS (If rural, give location) 1714 N-B St.	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES ALBERT b. (Middle) WATTS c. (Last) WATTS			4. DATE OF DEATH (Month) (Day) (Year) 5-19-53		
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5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/13/1883	9. AGE (In years last birthday) 69	if under 1 year Months	if under 1 year Days	if under 1 year Hours	if under 1 year Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER SAME		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (State or foreign country) Joplin Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME JAMES WATTS		13b. MOTHER'S MAIDEN NAME LAURA		14. NAME OF HUSBAND OR WIFE Maggie M Watts			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. no. or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-NS-4731		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MAGGIE M WATTS 1714 N B ST			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis, general						INTERVAL BETWEEN ONSET AND DEATH unknown	
		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						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 4500	
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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?			
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22. I hereby certify that I attended the deceased from **5-14**, 19**53**, to **present**; that I last saw the deceased alive on **5-14**, 19**53** and that death occurred at **10:00 am**, from the causes and on the date stated above.

23a. SIGNATURE E. H. Hamilton, M.D.		23b. ADDRESS E. H. HAMILTON, M. D. Frisco Bldg.		23c. DATE SIGNED 5-19-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/21/53		24c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PK.		24d. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) Joplin Mo.	
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DATE REC'D BY LOCAL REG. 5-23-53		REGISTRAR'S SIGNATURE Ed S. [Signature]		EMERALD DIRECTOR'S SIGNATURE GLOVER MOIT		ADDRESS	
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RECEIVED 5-25-53
Jasper County Health Office

County File Number 53-5-158
Date Filed 5-25-53

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No. 3566

P. O. Address Jasper 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.