

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1146**

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 24

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| 1. PLACE OF DEATH a. COUNTY HOWELL | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS, | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS, | |
| c. LENGTH OF STAY (in this place) 45 yrs. | | d. STREET ADDRESS (If rural, give location) 113 E. MAPLE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTA HOGAN HOSP | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) EFFIE ELIZABETH b. (Middle) WATTS c. (Last) WATTS | 4. DATE OF DEATH (Month) (Day) (Year) 1-2-54 |
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|-----------------|---------------------------|---|-----------------------------------|---|--|---|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH 1-10-1891 | 9. AGE (In years last birthday) 62 | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 YEAR Hours _____ Min. _____ |
|-----------------|---------------------------|---|-----------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER | 10b. KIND OF BUSINESS OR INDUSTRY X | 11. BIRTHPLACE (State or foreign country) LOGANS PORT, INDIANA | 12. CITIZEN OF WHAT COUNTRY? U S A |
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| 13a. FATHER'S NAME J. A. MCCLEARY | 13b. MOTHER'S MAIDEN NAME ALICE PORTER | 14. NAME OF HUSBAND OR WIFE F. V. WATTS |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X | 16. SOCIAL SECURITY NO. X | 17. INFORMANT'S SIGNATURE OR NAME F. V. WATTS, WEST PLAINS, MO | ADDRESS _____ |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE | | INTERVAL BETWEEN ONSET AND DEATH 4 DAYS |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION, ESSENTIAL | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) 351X |
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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 12-29, 1953, to 1-2, 1954, that I last saw the deceased alive on 1-2, 1954, and that death occurred at 9:20 PM from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Jack N. Wiles, M.D. | 23b. ADDRESS West Plains, Mo. | 23c. DATE SIGNED 1-13-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) B | 24b. DATE 1-5-54 | 24c. NAME OF CEMETERY OR CREMATORY OAK LAWN | 24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO |
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| DATE REC'D BY LOCAL REG. 1-22-54 | REGISTRAR'S SIGNATURE Beatrice Cook | 25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO | ADDRESS _____ |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 17 1955

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

A. R. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Plains*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.