

FILED JAN 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 1817 Registrar's No. 3

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5593

1. PLACE OF DEATH a. COUNTY <b>Jeff.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jeff.</b>	
b. CITY OR TOWN <b>Plattin-Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus</b>	
c. LENGTH OF STAY (in this place) <b>9 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>R#1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Festus. R#1.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Thomas</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Watts</b>	<b>1-8-54</b>		

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 2, 1880</b>	9. AGE (In years last birthday) <b>73</b>	10. MONTHS <b>8</b>	11. DAYS <b>6</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Louisville, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Thomas B. Watts, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Cheuning</b>	14. NAME OF HUSBAND OR WIFE <b>Rosa</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Thomas B. Watts</b>	18. ADDRESS <b>Plattin, Mo.</b>
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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, asthma, 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) <b>Cerebral thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>hypertrophy of prostate</b>		
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 <b>4200</b>	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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 2, 1954**, to **Jan 6, 1954** that I last saw the deceased alive on **Jan 2, 1954**, and that death occurred at **12:00 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Cynthia B. [Signature]</b>	23b. ADDRESS <b>Festus</b>	23c. DATE SIGNED <b>1-9-54</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-11-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-13-54</b>	REGISTRAR'S SIGNATURE <b>Marie [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul R. Palitte</b>	ADDRESS <b>Crystal City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED JAN 18 1954

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

*Geotrey R. Polillo*

Licensed Embalmer No. *3581*

P. O. Address *Crystal City, 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.