

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32874**

BIRTH NO. _____ REG. DIST. NO. **272** PRIMARY REG. DIST. NO. **K541** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARSHFIELD		c. CITY OR TOWN MARSHFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) LIFE		e. STREET ADDRESS (If rural, give location) 1120	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (First) PAUL (Middle) EBEN (Last) WATTERS			4. DATE OF DEATH (Month) (Day) (Year) SEPT 29 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG 16 1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUBLIC RELATIONS		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MARSHFIELD MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME THE RON. H. WATTERS		13b. MOTHER'S MAIDEN NAME MAMIE C. BALLARD		14. NAME OF HUSBAND OR WIFE LEOLA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-36-5458		17. INFORMANT'S SIGNATURE OR NAME LEOLA WATTERS ADDRESS MARSHFIELD	

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) CARBON MONOXIDE GAS		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 E9731			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE HOME	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **700A.**, from the causes and on the date stated above.

23a. SIGNATURE K. K. Kelley Corning (Degree or title)		23b. ADDRESS Northland Ave.		23c. DATE SIGNED 9/29/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-7-1954	24c. NAME OF CEMETERY OR CREMATORY MARSHFIELD MARSHFIELD MO		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 10/1/54	REGISTRAR'S SIGNATURE J. Francis	25. FUNERAL DIRECTOR'S SIGNATURE BARBER F. H. MARSHFIELD ADDRESS		

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

OCT 1 1913
OCT 19 1913

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.....
Signature of Student Embalmer

Signed.....
Russ Barber

Licensed Embalmer No. 380

P. O. Address *Johns. Pk.*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**