

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Bedford		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Elsberry
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln County Memorial		STREET ADDRESS (If rural, give location) South Third	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Bryant c. (Last) Watts		4. DATE OF DEATH (Month) (Day) (Year) 3 24 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH October 2, 1891
9. AGE (to years last birthday) 64 IF UNDER 1 YEAR Months 4 Days 22 IF UNDER 2 Hrs. Hours 0 Mins. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Pettis County Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Wiseman Watts	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Mettie Watts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rex Watts		ADDRESS Elsberry, Mo	

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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		ANTECEDENT CAUSES		DUE TO (b) Coronary Thrombosis 2 wks	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **3-21**, 19**55**, to **3-24**, 19**55**, that I last saw the deceased alive on **3-24**, 19**55**, and that death occurred at **5:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hudson Humber MD	23b. ADDRESS Rm. 110	23c. DATE SIGNED 3-24-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-26-1955	24c. NAME OF CEMETERY OR CREMATORY Elsberry
24d. LOCATION (City, town, or county) (State) Elsberry, Lincoln Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miles
DATE REC'D BY LOCAL REG. 4-2-55		REGISTRAR'S SIGNATURE Emma R. Riddle
25. FUNERAL DIRECTOR'S ADDRESS Elsberry, Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 MAN 24-1955, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 336

P. O. Address Elsherry

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.