S. No. 300
r. 10.48

0570

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1955

State File No. 8728

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELSBERRY
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 410 N. THIRD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELSBERRY 0570
d. STREET ADDRESS (If rural, give location): 410 N. THIRD

3. NAME OF DECEASED (Type or Print)
a. (First): GROVER
b. (Middle): LEYDON
c. (Last): WATTS

4. DATE OF DEATH (Month) (Day) (Year): March 25-55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: OCT. 11, 1891
9. AGE (In years last birthday): 63
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Rock Quarry
11. BIRTHPLACE (City and State or Foreign Country): Pike County, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: LEYDON WATTS
13b. MOTHER'S MAIDEN NAME: ELIZABETH BARTON
14. NAME OF HUSBAND OR WIFE: ANNIE WATTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W. W. ONE
16. SOCIAL SECURITY NO.: 488-26-2250
17. INFORMANT'S SIGNATURE OR NAME: Annie 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURED SKULL, TOTAL — INTERVAL BETWEEN ONSET AND DEATH: INST.

ANTECEDENT CAUSES — DESTRUCTION OF CRANIUM & BRAIN

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gunshot Wound

DUE TO (c) SELF-INFLICTED

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: E976 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN FRONT YARD OF HOME
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ELSBERRY LINCOLN Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAR. 25, 1955 6:45 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot self with 16 GA pump shotgun

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 6:45 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph J. Marsh Coroner Lincoln
23b. ADDRESS: 351 MONROE ST TROY, MO
23c. DATE SIGNED: 3/24/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-27-55
24c. NAME OF CEMETERY OR CREMATORY: ELSBERRY CITY
24d. LOCATION (City, town, or county) (State): ELSBERRY, Mo.

DATE REC'D BY LOCAL REG.: 4/8/55
REGISTRAR'S SIGNATURE: Mrs. Clarence Kientzy
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 12 1945

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 [illegible]

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.