S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

31805

State File No. .....

BIRTH NO. FILED OCT 15 1956 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 241

**1. PLACE OF DEATH**
a. COUNTY St Charles
b. CITY OR TOWN St Charles Mo
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) St Joseph Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R.F.D. Elsberry, Mo 0570 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) OTEN
b. (Middle) CLAY
c. (Last) WATTS

**4. DATE OF DEATH** (Month) 10 (Day) 7 (Year) 1956

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Never Married
**8. DATE OF BIRTH** 6-17-1880
**9. AGE** (In years last birthday) 76 — IF UNDER 1 YEAR: Months 3 Days 27 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Laborer-Retired
**10b. KIND OF BUSINESS OR INDUSTRY** None
**11. BIRTHPLACE** (City, and State or Foreign Country) Lincoln County Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Daniel R. Watts
**13b. MOTHER'S MAIDEN NAME** Mary Jane Shuck
**14. NAME OF HUSBAND/OR WIFE** None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service) No
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Mrs Rush 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

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

DUE TO (b) Arteriosclerotic Heart Disease — 10 YRS

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** 4 200
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* April, 1956, *to* Oct 7, 1956, *that I last saw the deceased alive on* Oct. 6, 1956, *and that death occurred at* 5:05A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Paul N. Rother (Degree or title) MD
**23b. ADDRESS** St. Charles Mo
**23c. DATE SIGNED** 10/7/56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 10-9-1956
**24c. NAME OF CEMETERY OR CREMATORY** Clarksville Cemetery
**24d. LOCATION** (City, town, or county) Clarksville, Pike, Mo (State)

**DATE REC'D BY LOCAL REG.** Oct 7-1956
**REGISTRAR'S SIGNATURE** Fannie Hamilton
**25. FUNERAL DIRECTOR'S SIGNATURE** Clifton Miller — **ADDRESS** Elsberry, Mo

(Licensed Embalmer's Statement on Reverse Side)

284-0

OCT 23 1956

MAY 1 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ..... Oct 7-1956 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Clifton Miller.....

Licensed Embalmer No..3369

P. O. Address Elsberry,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.