

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12034
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 46

S. 300
v. 1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural- Richland Twsp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On roof of U.S. Post Office		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Lamar R#2 0060 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle ROBERT Last WATTS			4. DATE OF DEATH Month May Day 9 Year 1957
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1914 Nov 15 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian U.S. Post Office Bldg.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) = 43-43 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME George Watts		13b. MOTHER'S MAIDEN NAME Frances May Thompson	14. NAME OF HUSBAND OR WIFE Ruth Hamilton Watts
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-11		16. SOCIAL SECURITY NO. 487-05-0172	17. INFORMANT Address Mrs. Ruth Watts, Lamar, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH Acute
20a. ACCIDENT SUICIDE · HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE Deed on Annual at Clinic
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 4:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas Carroll M.D.		22b. ADDRESS 1204 Gutz Street	22c. DATE SIGNED 5/10/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 13 1957	23c. NAME OF CEMETERY OR CREMATORY Lake	23d. LOCATION (City, town, or county) (State) Lamar, Missouri
24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. MAY 11 '57	26. REGISTRAR'S SIGNATURE Marie Konantz

MAY 20 1957

SEP 30 1957

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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 *Carl H. Kewantz*

Licensed Embalmer No. 2747

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