

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13920
State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3242 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	
c. LENGTH OF STAY (in this place) <u>YRS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>315 NEWBERRY</u>			
STREET ADDRESS (If rural, give location) <u>315 NEWBERRY 0621</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>REBECCA</u> c. (Last) <u>WATTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 23, 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JAN. 14, 1888</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON Co. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>C.C. WATTS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JANE BURNS</u>		14. NAME OF HUSBAND OR WIFE <u>NOT MARRIED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CATHERINE COFFMAN-MT. VERNON, ILL.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Blader</u>		DUPLICATE OF (a) <u>Carcinoma of Blader</u>		<u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Metastasis of cancer to Liver</u>			
		DUE TO (c) <u>and throughout Abdomen.</u>			
		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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)		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 May 1956, to 4/23/57, 1957, that I last saw the deceased alive on 4/22/57, 1957, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>135 W. Main Fredericktown</u>		23c. DATE SIGNED <u>5/2/57</u>	
---	--	---	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 25, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
---	--	---------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>5-2-1957</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] FREDERICKTOWN, MO.</u>	
--	--	--	--	--	--

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

187

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
MAY 6 - 1957

FILE NO. 557-28

JUN 1 8 1958

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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown

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.