

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44988

State File No.

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4294 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Silex</u>	c. LENGTH OF STAY (In this place) <u>60 yr</u>	c. CITY OR TOWN <u>Silex</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		e. STREET ADDRESS (If rural, give location) <u>0510</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NORTON</u> b. (Middle) <u>BASIL</u> c. (Last) <u>WATTS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 5, 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk at lumberyard</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>New Hope MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Joseph N. Watts</u>	13b. MOTHER'S MAIDEN NAME <u>Oleva McDonald</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Ruth Watts</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>488-12 40 76</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ruth Watts</u>	ADDRESS <u>Silex MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Silex MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 10th 1957, to Dec. 14, 1957, that I last saw the deceased alive on Dec. 14, 1957, and that death occurred at 10.00P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Penn</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Silex mo</u>	23c. DATE SIGNED <u>Dec. 16 '57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 17, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County MO</u>
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DATE REC'D BY LOCAL REG. <u>12/30/57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. McCoy</u>	ADDRESS <u>Loy MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4550

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 *D.W. McCoy*.....

Licensed Embalmer No. *3586*.....

P. O. Address *Joy 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.