

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006504

STATE FILE NUMBER

FILED MAR 10 1958

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 11

300  
1-57

|  |                                   |   |   |  |   |
|--|-----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MILLER</u>   |                                   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Eldon</u>  |                                   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | c. CITY OR TOWN <u>Eldon</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Franklin Township</u>   |                                   | Length of stay in lb  | d. STREET ADDRESS (If outside, give location) <u>Franklin Township</u>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>MARtha</u> Middle <u>ANN</u> Last <u>Watt</u>   |                                   |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>20</u> Year <u>1958</u>  |  |   |
| 5. SEX <u>FEMALE</u>   | 6. COLOR OR RACE <u>CAUCASIAN</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>JAN. 1, 1872</u>   |  | 9. AGE (In years last birthday) <u>86</u><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Miller Co., Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>Preston N. Williams</u>   |                                   | 13b. MOTHER'S MAIDEN NAME<br><u>NORA WHITE</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Joseph B. Watt</u> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |                                   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT<br><u>DRURY Watt</u> Address <u>Eldon, Mo.</u>  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CORONARY THROMBOSIS</u>  |                                   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 MIN</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                   |   |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4201</u>   |                                   |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |                                   |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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            |   |
| 21. I attended the deceased from _____ to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____<br>Death occurred at <u>8:45 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                   |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>D. S. Humphreys D.O. Coroner</u>  |                                   |   | 22b. ADDRESS<br><u>Tuscumbia, Mo.</u>   |  | 22c. DATE SIGNED<br><u>2-24-58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |                                   | 23b. DATE<br><u>FEB. 23, 1958</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>DOOLEY</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Eldon, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Louis D. Phillips</u> ADDRESS _____   |                                   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Feb. 25, 58</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Alveretta Walt</u>  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

RECEIVED

MAR 4 '58

Miller County  
Health Department

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 *Louis D. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Bedon*

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.