

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040415
STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 552

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 0495 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		Length of stay in lb 49 YR.	d. STREET ADDRESS (If outside, give location) 1714 W. "B" ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JAMES M. WATTS			4. DATE OF DEATH Month Day Year NOV 15 1958			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH APR 14 1909	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR SERVICE	10b. KIND OF BUSINESS OR INDUSTRY ELEVATOR	11. BIRTHPLACE (City and state or country) JOPLIN MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES A. WATTS	13b. MOTHER'S MAIDEN NAME MAGGIE YOUNGER	14. NAME OF HUSBAND OR WIFE ---
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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) NO	16. SOCIAL SECURITY NO. 491-01-012	17. INFORMANT DON WATTS	Address JOPLIN, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Second and third degree burns to head, neck, upper extremities, posterior trunk?		INTERVAL BETWEEN ONSET AND DEATH 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	9160 16
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Injuries sustained in fire of undetermined origin, while patient was in bed asleep, at home.
20c. TIME OF DEATH Hour 10:30 p.m. Month, Day, Year 11-14-58	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	20f. CITY, TOWN, OR LOCATION Joplin	COUNTY Jasper	STATE Missouri
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21. I attended the deceased from 11-14-58 to 11-15-58 and last saw ^{her} him alive on 11-15-58 Death occurred at 845 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 11-19-58
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23a. BURIAL, CREMATION, or other disposition (Specify) BURIAL	23b. DATE NOV. 17 1958	23c. NAME OF CEMETERY OR CREMATORY OZARK MEM. PARK	23d. LOCATION (City, town, or country) (State) JOPLIN MO
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24. FUNERAL DIRECTOR Harriet Moore, Joplin	ADDRESS	25. DATE RECD. BY LOCAL REG. 11/21/58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Dale Glover*

Licensed Embalmer No. *4593*

P. O. Address. *Joplin, 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.