

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012665

STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 70 Primary Registration District No. Registrar's No. 24

3. 300
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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

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u> Iowa </u> b. COUNTY <u> Van Buren </u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u> Wyaconda Township </u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u> Milton </u> 8146 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u> Highway 136 </u> Length of stay in <u> 1b </u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u> Francis Lamar Watts </u>			4. DATE OF DEATH Month Day Year <u> April 25-1959 </u>
5. SEX <u> Male </u>	6. COLOR OR RACE <u> White </u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u> Feb. 13-1930 </u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> Secretary </u>		9b. KIND OF BUSINESS OR INDUSTRY <u> Trucking firm </u>	9. AGE (In years) (Specify birthday) UNDER 1 YEAR IF UNDER 24 HRS. <u> 29 </u> Months Days Hours Min.
10a. FATHER'S NAME <u> John R. Watts </u>		10b. MOTHER'S MAIDEN NAME <u> Edith Iowa McCallum </u>	11. BIRTHPLACE (City and state or country) <u> Iowa </u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or district service) <u> Yes 1951 </u>		12. CITIZEN OF WHAT COUNTRY? <u> U.S.A. </u>	14. NAME OF HUSBAND OR WIFE <u> </u>
15. SOCIAL SECURITY NO. <u> 483-26-2329 </u>		17. INFORMANT Address <u> Edith Watts Milton Iowa </u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u> Automobile Accident </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>			INTERVAL BETWEEN ONSET AND DEATH <u> Instant. </u>
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.) <u> Car run into culvert of Bridge on Rt 136 </u>	
20c. TIME OF INJURY Hour Month, Day, Year <u> 11-10 p.m. 4-25-59 </u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> Rt 136 </u>	
20e. CITY, TOWN, OR LOCATION <u> Suray </u>		20f. COUNTY STATE <u> Clark MO </u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u> Dr. Charming D. Corones </u>		22b. ADDRESS <u> Kahoka MO </u>	
22c. DATE SIGNED <u> 4-28-59 </u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u> removal </u>		23b. DATE <u> April 26-1959 </u>	
23c. NAME OF CEMETERY OR CREMATORY <u> Sunny Side Cemetery </u>		23d. LOCATION (City, town, or county) (State) <u> Milton Iowa </u>	
24. FUNERAL DIRECTOR <u> W.W. Wellborn </u>		25. DATE RECD. BY LOCAL REG. <u> 5/1-1959 </u>	
ADDRESS <u> Milton Ia. </u>		26. REGISTRAR'S SIGNATURE <u> J.P. Aridger </u>	

JUL 28 1959

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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 *Arthur L. Yutten*

Licensed Embalmer No. *2965*

P. O. Address *Kalohala*

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.