

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022598

STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 243

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1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bonne Terre</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>FIAT RIVER</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Bonne Terre Hosp.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>206 ADAMS</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>W.</b> Last <b>WATTS</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>16</b> Year <b>1959</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 9, 1878</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>18</b> Hours <b>12</b> Min.	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MINER LA MOTTE, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>FANNIE WATTS</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT <b>Mrs. Maud Caldwell</b> Address <b>PRT 2, Farmington</b>
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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) <b>MYOCARDIAL INFARCTION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 WEEK</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		
DUE TO (c) <b>BRONCHIAL PNEUMONIA</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4260</b>		

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.)
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20c. TIME OF INJURY Hour <b>9 P.M.</b> Month <b>6</b> Day <b>16</b> Year <b>1959</b>
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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 <b>FIAT RIVER</b>	COUNTY <b>ST. FRANCOIS</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from <b>6-1-59</b> to <b>6-16-59</b> and last saw her/him alive on <b>6-16-59</b> Death occurred at <b>9 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>W. Paul Dennis, M.D.</b> (Degree or title)	22b. ADDRESS <b>Flat River, Mo.</b>	22c. DATE SIGNED <b>6/18/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 19, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PARKVIEW</b>	23d. LOCATION (City, town, or county) (State) <b>NEAR FARMINGTON MO.</b>
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24. FUNERAL DIRECTOR <b>Raymond Caldwell</b>	ADDRESS <b>Flat River, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 23, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *R. Caldwell* .....

Licensed Embalmer No. *2531*.....

P. O. Address *Flat River, 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.