MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-033754
STATE FILE NUMBER

AMENDED

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 42

FILED SEP 19 1961

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville | Length of stay in 1b: 4 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1007 Bell (Adam's Qtrs) | Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville, | Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1007 Bell (Adam's Qtr) | Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Mamie Middle: Butler Last: Watts
4. DATE OF DEATH Month, Day, Year: September 10, 1961
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/19/96
9. AGE (last birthday): 64 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Thomason, Georgia
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Zack Butler
13b. MOTHER'S MAIDEN NAME: Irene Martin
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): X
17. INFORMANT: Eula May Davis | Address: Caruthersville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) This Person Died without medical
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) attention - Found dead in bed
DUE TO (c) at her Home
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 her/him alive on _____
Death occurred at About 2 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack W Tipton (Degree or title) Registrar
22b. ADDRESS 8/0 Ward Caruthersville, Mo.
22c. DATE SIGNED 9-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/12/61
23c. NAME OF CEMETERY OR CREMATORY: Morgan Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

24. FUNERAL DIRECTOR ADDRESS: H.S. Smith F. Home-Caruthersville, Mo.
25. DATE RECD. BY LOCAL REG.: 9-11-1961
26. REGISTRAR'S SIGNATURE: Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 W. Dewer Pike

Licensed Embalmer No. 4484

P. O. Address Carrthersville

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.