

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009979

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 319

Primary Registration District No. \_\_\_\_\_

Registrar's No. 7

FILED FEB 19 1963

VS 300  
Rev. 4/59

1 0950  
2 0950  
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4 0  
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9 94200  
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12 90-0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ste Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Ste Genevieve</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ste Genevieve</u>		c. CITY OR TOWN <u>Ste Genevieve</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ste Genevieve Star Route</u>		d. STREET ADDRESS (if outside, give location) <u>Star Route</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Herschel B Watts</u>			4. DATE OF DEATH Month Day Year <u>February 12, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/12/1910</u>
9. AGE (last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St Francois Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Henry Watts</u>	
13b. MOTHER'S MAIDEN NAME <u>Nora Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Loetta Watts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs Hersahel Watts, Ste Genevieve, Mo.</u>		Address <u>Star Route</u>	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>6 WK</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>12-21-62</u> to <u>2-12-63</u> and last saw him alive on <u>2-11-63</u> Death occurred at <u>6:15 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. E. Carleton M.D.</u>		22b. ADDRESS <u>Farmington, Mo</u>	
22c. DATE SIGNED <u>2-13-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/14/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillview Memorial Gardens</u>	
23d. LOCATION (City, town, or county) <u>Farmington, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Miller Funeral Home, Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>14 February 1963</u>	
26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>			

USE BLACK INK OR TYPEWRITER RIBBON

FEB 21 1963

**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 Paul R. Diegal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.