

Schulte ✓

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012566

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 20 1963

Registration District No. 246

Primary Registration District No. 5835

Registrar's No. 149

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: INSTEAD OF DOCUMENT	BY AFFIDAVIT OF
1 0939			
2 0939x			
3			
4 1			
5 2			
6			
7 1			
8 0			
9 4200			
10			
11 1290-0			
12 132-0			
ITEM NO.	SHOULD READ		

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b 44 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4039 Indiana Ave.		d. STREET ADDRESS (If outside, give location) 4039 Indiana Ave.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last LOUISE (Willard) WATTS		4. DATE OF DEATH Month Day Year March 14, 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-28-1884
9. AGE (last birthday) 78		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Manhattan, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Willard		13b. MOTHER'S MAIDEN NAME Evelyn Nancy	
14. NAME OF HUSBAND OR WIFE Napoleon P. Watts, Dec'd		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.		17. INFORMANT Son- Howard W. Willard, 811 Russell Rd, K.C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Covered arteries & Hypertension (not disease) DUE TO (b) \ominus from cardiac enlargement Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity - Symptomatic Atherosclerosis		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 May 1952 to March 14, 1963 last saw her alive on Feb 22 1963 Death occurred at 3:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph W. Willard		22b. ADDRESS 2125 James W. Jones North Kansas City, Missouri	
22c. DATE SIGNED 3-15-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE March 16, 1963	
23c. NAME OF CEMETERY OR CREMATORY White Chapel Memorial Park		23d. LOCATION (City, town, or county) (State) North Kansas City, Missouri	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 3-15-1963	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE BLACK INK OR TYPEWRITER RIBBON

MAR 27 1963

43

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 Robert A. Zook

Licensed Embalmer No. 5193

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.