S. No. 300
EV. 10.48

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34850

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 370

94 4 1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FARMINGTON
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —"—

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R 2 CAYCE 94 1
d. STREET ADDRESS (If rural, give location): FARMINGTON

3. NAME OF DECEASED (Type or Print): a. (First) ALICE b. (Middle) CATHERINE c. (Last) WATTS

4. DATE OF DEATH (Month) (Day) (Year): OCT. 15 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: APRIL 16 1867

9. AGE (In years last birthday): 82 IF UNDER 1 YEAR Months: 5 Days: 29 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): STE GENEVIEVE (11) CTY, MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PHILLIP YEAGER

13b. MOTHER'S MAIDEN NAME: LOUISA BOSWELL

14. NAME OF HUSBAND OR WIFE: JOHN M. WATTS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. OPAL SIGMAN FARMINGTON MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal adhesions. — INTERVAL BETWEEN ONSET AND DEATH: 6 mon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): — 1 yr.
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS.
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 10, 1945, *to* Oct 15, 1949, *that I last saw the deceased alive on* Oct 15, 1949, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. H. Langstaff M.D.

23b. ADDRESS: Farmington Mo.

23c. DATE SIGNED: 10-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: Oct. 17 1949

24c. NAME OF CEMETERY OR CREMATORY: PARKVIEW

24d. LOCATION (City, town, or county) (State): NEAR FARMINGTON MO

DATE REC'D BY LOCAL REG.: Oct 17, 1949

REGISTRAR'S SIGNATURE: Esther Rudloff 289

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cozean

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-24-49

District Health Officer No. 4

District File Number 1049-49

Date Filed

NOV 8 1949

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 .....
Student Embalmer

Signed C H Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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 this body is not embalmed, fact should be so stated above.