

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40449

State File No.

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 435

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid, Mo.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			* STREET ADDRESS (If rural, give location) <u>0</u> <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>J.</u> c. (Last) <u>Mott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 11-1949</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>MAY 5-1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u>
IF UNDER 1 YEAR Days <u>6</u>	IF UNDER 4 Hrs. Hours <u>6</u>	IF UNDER 4 Hrs. Min. <u>6</u>	10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>NEW MADRID, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Mott</u>		
13b. MOTHER'S MAIDEN NAME <u>Luise Wogelner</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	INFORMANT'S SIGNATURE OR NAME <u>Bob Mott</u> ADDRESS <u>New Madrid, Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTESTINAL Obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>POST-OPER. Adhesions</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MYOCARDITIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>577X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>POST-OPERATIVE Adhesions</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>12-3</u> , 19 <u>49</u> , to <u>12-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-10</u> , 19 <u>49</u> , and that death occurred at <u>4:40</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Chas. Quetch</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Cape Girardeau</u>		23c. DATE SIGNED <u>12/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-26-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richardson Under</u> ADDRESS <u>New Madrid Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

16
4

RECEIVED 1-3-50

of Health Officer No. 4

of File Number 150-12

filed

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.

Signed *L. B. Hedgepeth*

Signed.....
Student Embalmer

Licensed Embalmer No. 3883

P. O. Address New Madrid, 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 this body is not embalmed, fact should be so stated above.