

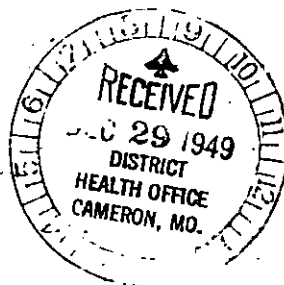
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43572
Registrar's No. 43

FILED JAN 5 1950

BIRTH NO. <u>113</u>		REG. DIST. NO. <u>374</u>	PRIMARY REG. DIST. NO. <u>6271</u>	Registrar's No. <u>43</u>		
1. PLACE OF DEATH a. COUNTY <u>Worth</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Smith Township</u>)		c. LENGTH OF STAY (In this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Allendale</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grant City</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Motsinger</u> c. (Last) <u>Motsinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 12 1949</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>2 21 1899</u>	9. AGE (In years last birthday) <u>50</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>21</u> 11. UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>day laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>day laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Worth County, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Motsinger</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Leland Campbell</u> ADDRESS <u>Grant City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) <u>✓</u>		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 <u>12-8</u> , 19 <u>49</u> , to <u>12-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-12</u> , 19 <u>49</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>12-12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12 12 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Allendale, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>Dec-19-1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>345</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Grant City, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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



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. 3252

working under my personal supervision.

Student
Student Embalmer

Signed

Arch C. Dunfee

Licensed Embalmer No.

3252

P. O. Address

Grant City, 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.