

FILED OCT 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29753

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury Twp.</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>9 mi So. Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi So. Salisbury</u>			

3. NAME OF DECEASED a. (First) <u>Thomas</u> b. (Middle) <u>Washington</u> c. (Last) <u>Mott</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 1 - 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>No record (about 85)</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Chariton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			

13a. FATHER'S NAME <u>Thomas Mott</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Wamath</u>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Mott</u> ADDRESS <u>Salisbury Mo.</u>	
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18. NO. OF DEATH Enter only one cause per line for (a); (b); and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION.				INTERVAL BETWEEN ONSET AND DEATH <u>201</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis with decompensation</u>		DUE TO (b) <u>Coronary sclerosis</u>				DUE TO (c) <u>generalized arteriosclerosis</u>	
*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____		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 Dec 22 19 49 to Oct 1, 19 50, that I last saw the deceased alive on Aug 22, 19 50, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>L L Thomas</u> (Degree or title) <u>0 md</u>		23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>10-6-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>		24b. DATE <u>Oct 3 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Roanoke, Chariton Co., Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 3, 1950</u>		REGISTRAR'S SIGNATURE <u>W H ...</u>		55		25. FUNERAL DIRECTOR'S SIGNATURE <u>Winkelmeier</u> ADDRESS <u>Salisbury Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: **OCT 9 1950**  
DISTRICT HEALTH OFFICE  
District File Number *10-5*  
Date Filed: **OCT 9 1950**

**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 Chas B Winkelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md

**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.