

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13592

FILED APR 16 1951

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY PULASKI
b. CITY (If outside corporate limits, write RURAL and give township) Richland
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2. Liberty Ins.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO b. COUNTY PULASKI
c. CITY (If outside corporate limits, write RURAL and give township) Richland
d. STREET ADDRESS (If rural, give location) Route 2. Liberty Township

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) PIXS c. (Last) MOTTZ

4. DATE OF DEATH (Month) (Day) (Year)
4 7 1951

5. SEX M 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced 3

8. DATE OF BIRTH Aug 11-1884

9. AGE (in years) (last birthday) 66 Months 7 Days 27 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Rail Roader

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) WELLSVILLE MO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter Mottz

13b. MOTHER'S MAIDEN NAME Mary Weiland

14. NAME OF HUSBAND OR WIFE NONE

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. NONE

17. INFORMANT'S SIGNATURE OR NAME Mrs. Nora Mottz ADDRESS Wellsville 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) had high blood pressure
DUE TO (c) member 7 years.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

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) (Min.)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:20am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Billy Junior Hedges Cameron

23b. ADDRESS Crack, Mo.

23c. DATE SIGNED 4/7/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 4/7/51

24c. NAME OF CEMETERY OR CREMATORY WELLSVILLE Cemetery

24d. LOCATION (City, town, or county) (State) Wellsville MO

DATE REC'D BY LOCAL REG. 4-14-51

REGISTRAR'S SIGNATURE William C. Buckthorpe

25. FUNERAL DIRECTOR'S SIGNATURE W. Leepee ADDRESS Richland

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

850
1

RECEIVED 4-14-61
Nebraska County Health Officer
Number 274
Date Filed 4-14-61

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

AB Jeeper

Signed.....
Student Embalmer

Licensed Embalmer No. 3198

P. O. Address *Richland 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.