

STANDARD CERTIFICATE OF DEATH

1929

State File No.

JUL 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 103

0043
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Florida b. COUNTY Alacacha	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. CITY (If outside corporate limits, write RURAL and give township) High Springs	
c. LENGTH OF STAY (In this place) 1 week		d. STREET ADDRESS (If rural, give location) Dr. C. L. Garcia's Office 203 East Jackson Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE (Month) (Day) (Year) OF DEATH June 21, 1952	
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Josephine c. (Last) Motes		5. SEX Female 6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 11, 1912	
9. AGE (In years last birthday) 40		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Centralia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME T. J. Anthony		13b. MOTHER'S MAIDEN NAME Cynthia Woods	
14. NAME OF HUSBAND James M. Motes		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. none		17. INFORMANT'S SIGNATURE OR NAME James E. Motes, High Springs, Fla. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Angerist with injury. Killed from		INTERVAL BETWEEN ONSET AND DEATH.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) a heart condition suddenly in	
DUE TO (c) the Garcia office Mexico Mo. No evidence of violence or foul play of any kind		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION None	
19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mexico Audrain		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Angerist with injury , 19 52 , that I last saw the deceased blinded on June 21 , 19 52 , and that death occurred at 5:38 P m., from the causes and on the date stated above.			
23a. SIGNATURE E. C. Adams M.D. Corona (Degree or title)		23b. ADDRESS Mexico Mo.	
23c. DATE SIGNED 6-22-52		24a. BURLI. CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 6-22-52		24c. NAME OF CEMETERY OR CREMATORY ORALA CEMETERY	
24d. LOCATION (City, town, or county) (State) ORALA FLA		DATE REC'D BY LOCAL REG. June 22-1952	
REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE CHAS ARNO, Jr ADDRESS Mexico Mo	

JUL 24 1982

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 *Clayton*

Licensed Embalmer No. 35619

P. O. Address Murphy

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.