

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **27720**

V. 5. No. 300  
Rev. 10. 48

FILED SEP 8 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>231</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>408 Hitt St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRIETT</u>		b. (Middle)		c. (Last) <u>MOTSINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 29, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 12, 1889</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Eli Ephraim Stirwalt</u>			13b. MOTHER'S MAIDEN NAME <u>Summerville Pritchard</u>		14. NAME OF HUSBAND OR WIFE <u>Newland David Motsinger</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Curena Stirwalt, Martinsville, Indiana.</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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Appendicitis acute</u></p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u></p>	
19a. DATE OF OPERATION <u>8-25-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Appendicitis acute 5500</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>8-28</u> , 19 <u>53</u> , to <u>8-29</u> , 19 <u>53</u> that I last saw the deceased alive on <u>8-29</u> , 19 <u>53</u> and that death occurred at <u>3:30P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Palmer MD</u> (Degree or title)				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>8-30-53</u>	
24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 31, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mannon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owen County, Indiana.</u>			
DATE REC'D BY LOCAL REG. <u>Aug 31 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Parson Funeral Service</u>		ADDRESS <u>Columbia, Mo</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

18772

SEP 9 1953

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.....  
Signature of Student Embalmer

Signed *J. M. Phillips*  
Licensed Embalmer No. *4897*  
P. O. Address *Columbus, Ga.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.