

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44013**

FILED DEC 22 1953

REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4456** Registrar's No. **39**

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

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockville Rural	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 6930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellett Memorial Hospital			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) GERTIE		b. (Middle) MAY	
c. (Last) MOTLEY		Month 12 Day 12 Year 53	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 6-15-1887
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Missouri.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Page		13b. MOTHER'S MAIDEN NAME Emma Croy	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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raybourn Motley Rockville, Missouri.
MEDICAL CERTIFICATION			
18. CAUSE 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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTEROSCLEROTIC HEART DISEASE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CONGESTIVE FAILURE	
		DUE TO (c) Uremia	
		INTERVAL BETWEEN ONSET AND DEATH 60 hours 36 hours	
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 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200			
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 2, 1953 , to Dec 12, 1953 , that I last saw the deceased alive on Dec 12, 1953 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. H. Brownshinger M.D.		23b. ADDRESS Appleton City, Mo.	
23c. DATE SIGNED Dec. 13, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-15-53	
24c. NAME OF CEMETERY OR CREMATORY Mount Zion		24d. LOCATION (City, town, or county) (State) Rockville Mo.	
DATE REC'D BY LOCAL REG. Dec. 14, 1953		REGISTRAR'S SIGNATURE Chlo Arney 2850	
25. FUNERAL DIRECTOR'S SIGNATURE Oliver Eckhoff		ADDRESS Appleton City, Mo.	

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

Osceola Eckhoff

Licensed Embalmer No. 3942

P. O. Address Cape Girardeau 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.