

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **627**BIRTH NO. _____ REG. DIST. NO. **22** PRIMARY REG. DIST. NO. **4134** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY PLATTE CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SMITHVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTE CITY-- SMITHVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) 6000	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) REASON c. (Last) MOTTOX			4. DATE OF DEATH (Month) (Day) (Year) FEB. 6, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 5, 1882
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DEALER		10b. KIND OF BUSINESS OR INDUSTRY POULTRY	11. BIRTHPLACE (State or foreign country) PLATTE CITY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME REASON MOT. TOX	
13b. MOTHER'S MAIDEN NAME BETTIE McDANIEL		14. NAME OF HUSBAND OR WIFE BONNIE WRIGHT MOTTOX	
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.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. J.R. MOTTOX, SMITHVILLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. J. Tate M.D. Director		23b. ADDRESS North Kansas City, Mo	
23c. DATE SIGNED 2/8/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-8-1954	
24c. NAME OF CEMETERY OR CREMATORY PARKVILLE, MO.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 2-9-54		REGISTRAR'S SIGNATURE 494 Marguerite Hudson	
25. FUNERAL DIRECTOR'S SIGNATURE MCCOMAS FUNERAL HOME, SMITHVILLE, MO.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.