

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43218**No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 91			
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Butler					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Poplar Bluff		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 Poplar Bluff Hos p.				STREET ADDRESS (If rural, give location) 819 Vine St.					
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Oliver c. (Last) Mott			4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1954						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1878	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Rail Road		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific		11. BIRTHPLACE (City and State or Foreign Country) Neosho, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Simeon Mott		13b. MOTHER'S MAIDEN NAME Elizabeth Oliver		14. NAME OF HUSBAND OR WIFE Pearl Green Mott					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F.O. Mott Poplar Bluff, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with infarction, acute 3 days</p> <p>ANTECEDENT CAUSES</p> <p>* 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> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Arteriosclerotic heart disease with arteriosclerosis, chronic, and arterial hypertension, with coronary insufficiency, chronic</p> <p>DUE TO (c) hypertension, with coronary insufficiency, chronic</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>									
19a. DATE OF OPERATION None.		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.		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)		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 1 Oct., 1947, to 30 Dec., 1954 , that I last saw the deceased alive on 29 Dec., 1954 , and that death occurred at 4:40 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE J. Lester Harwell (Degree or title) M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 5 Jan 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-55	24c. NAME OF CEMETERY OR CREMATORY Hiram Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. 1/10/55		REGISTRAR'S SIGNATURE R. W. Minette		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 17 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

JAN 25 1955

JAN 24 1955

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 *George W. Peier*
Licensed Embalmer No. *296*
P. O. Address *Opplas Blm*

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.