

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **10843**

BIRTH NO.		REG. DIST. NO. <b>375</b>		PRIMARY REG. DIST. NO. <b>4551</b>		Registrar's No. <b>9</b>	
1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hartville</b>		c. LENGTH OF STAY (In this place) <b>30</b>		c. CITY OR TOWN <b>Hartville</b>		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 <b>Home in Hartville</b>				f. STREET ADDRESS (If rural, give location) <b>Home in Hartville</b> <b>1140</b>			
3. NAME OF DECEASED (Type or Print) <b>Susan</b>		a. (First) <b>Susan</b>		b. (Middle) <b>n</b>		c. (Last) <b>Mott</b>	
4. DATE OF DEATH <b>March 7 1955</b>		DATE (Month) (Day) (Year)		7 1955			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 26, 1883</b>	
9. AGE (In years last birthday) <b>72</b>		10. MONTHS <b>5</b>		DAYS <b>11</b>		IF UNDER 1 YEAR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Duncan, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Nevins Todd</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Freeman</b>		14. NAME OF HUSBAND OR WIFE <b>Dr. J. Mott</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. L. TIMMER</b> ADDRESS <b>Hartville</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage of Internal Carotid Artery</b>				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) _____ 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 <b>4672</b>				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) (Min.)		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 <b>3-6-</b> , 1955, to <b>3-7</b> , 1955, that I last saw the deceased alive on <b>3-7</b> , 1955, and that death occurred at <b>4 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. R. Mott M.D.</b>		(Degree or title)		23b. ADDRESS <b>Hartville Mo</b>		23c. DATE SIGNED <b>3-8-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 9, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Steele Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Hartville Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-19-55</b>		REGISTRAR'S SIGNATURE <b>E. B. Garner 346</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas S. Simpson</b> ADDRESS <b>Hartville Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 19 1955  
WRIGHT CO. HEALTH DEPT.  
County File Number 355-43  
Date Filed MAR 26 1955

MAK  
Number  
26 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 Harry C. [Signature]  
Licensed Embalmer No. 4594  
P. O. Address [Signature]

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.