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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18242

State File No.

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 72

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry</u> | c. LENGTH OF STAY (in this place) <u>8 Yrs.</u> | c. CITY OR TOWN <u>Stanberry</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>Munro Rest Home</u> | | STREET ADDRESS (If rural, give location) <u>North Edge Of Stanberry</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Mr. Fred W. Motzkus</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1955</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Mar. 10 1880</u> | 9. AGE (in years last birthday) <u>74</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or foreign country) <u>East Prussia Insterburg</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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| 13a. FATHER'S NAME <u>Martin Motzkus</u> | 13b. MOTHER'S MAIDEN NAME <u>Hattie Rudat</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Edith Motzkus</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Fredrick Motzkus Stanberry, Mo</u> |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verus Pneumonia</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio Sclerosis</u> DUE TO (c) <u>492X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |

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| 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? |
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22. I hereby certify that I attended the deceased from Feb, 1952 to June 16, 1955, that I last saw the deceased alive on July 15, 1955, and that death occurred at 4:40am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>D. E. Blacklock</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>King City, Mo</u> | 23c. DATE SIGNED <u>6-16-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>6/18/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Old Brick Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>N. W. Of Albany 5 miles</u> |

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| DATE REC'D BY LOCAL REG. <u>6-20-55</u> | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Talbot H. Phillips Stanberry Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

350

W. Blocklock

MAY 26 1958

MAY 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, ~~Student-Embalmer No.~~

~~working under my personal supervision.~~

~~Student~~, ~~Signature of Student Embalmer~~

Signed L. G. Phillips

Licensed Embalmer No. 18

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.