

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25001

State File No. _____

FILED JUL 18 1955

BIRTH NO. _____		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>44.85</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY OR TOWN <u>Fornfeldt</u>		c. LENGTH OF STAY (In this place) <u>28 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fornfeldt</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>1000 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>LAURA</u>		c. (Last) <u>MOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 6, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 19, 1877</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Elizabethtown, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Groves</u>		13b. MOTHER'S MAIDEN NAME <u>Nora (Don't know last)</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Mott</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-09-9262</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orville Burns Fornfeldt, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					
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) <u>4200</u>			
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 <u>July 2, 1955</u> , to <u>July 6, 1955</u> , that I last saw the deceased alive on <u>JAN 7/6, 1955</u> , and that death occurred at <u>3 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. T. Davis M.D.</u>				23b. ADDRESS <u>Illmo. Mo</u>		23c. DATE SIGNED <u>7/7/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pallard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Scott county Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-11-55</u>		REGISTRAR'S SIGNATURE <u>Miss Freda Berg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Displing Hoff</u>		ADDRESS <u>Illmo Mo</u>	

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

DATE RECEIVED JUL 13 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 855-141

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 _____

Oliver C. Arnold

Signed.....
Student Embalmer

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.