

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5001

State File No. \_\_\_\_\_

742

BIRTH NO. 60442-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Lockville</u>	
c. LENGTH OF STAY (in this place) <u>9 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>		* STREET ADDRESS (If rural, give location) <u>Box 65</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jerry</u> b. (Middle) <u>Lee</u> c. (Last) <u>Motley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/17/56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	
8. DATE OF BIRTH <u>11-6-55</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR <u>11</u> MONTHS IF UNDER 12 HOURS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>James L. Motley</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine A. Baniasch</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Child</u>		16. SOCIAL SECURITY NO. <u>Child</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James L. Motley, Box 65, Lockville, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease, cyanotic type with single ventricle and atresia of tricuspid valve</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
		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.		<u>7542</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 2-8, 1956, to 2-17, 1956, that I last saw the deceased alive on 2-17, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>2-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kidd's Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>S.E. of Olin MO</u>					

DATE REC'D BY LOCAL REG. <u>2-18-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin L. Swanson</u> ADDRESS <u>Appleton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

**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 *Melvin L. Janssen*.....  
Licensed Embalmer No. *4528*.....  
P. O. Address *Appleton*.....

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.