No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1400

FILED JAN 22 1957

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN ~~Kansas City~~ Kansas City
c. LENGTH OF STAY (In this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4439 Cleveland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE KANSAS
b. COUNTY Johnson
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2107 West 48th St

3. NAME OF DECEASED (Type or Print)
a. (First) MARY
b. (Middle) M.
c. (Last) MOTTIN

4. DATE OF DEATH (Month) (Day) (Year) 1-9-57

5. SEX F.

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH June 8, 1877

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (City and State or Foreign Country) KICKAPOO, KANSAS

12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME UNKNOWN HARRIS

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE LEON A. MOTTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME MRS KATHRYN A. ETZENHOUSER ADDRESS KMO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Artery Disease — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 420

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1956, *to* Jan 9, 1957, *that I last saw the deceased alive on* 1/8, 1957, *and that death occurred at* 6:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Mary C. Colglazier (Degree or title) M.D.

23b. ADDRESS 3312 E 43rd KCMo

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 1-9-57

24c. NAME OF CEMETERY OR CREMATORY —

24d. LOCATION (City, town, or county) (State) LEAVENWORTH, KANSAS

DATE REC'D BY LOCAL REG. 1-9-57

REGISTRAR'S SIGNATURE Irene Minshall

25. FUNERAL DIRECTOR'S SIGNATURE J. C. DAVIS

ADDRESS UND. CO. LEAV. KANSAS

(Licensed Embalmer's Statement on Reverse Side)

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

Mary C. Colglazier

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James LeRoy Lovely Jr.

Kansas Licensed Embalmer No. 250.

P. O. Address Leon, Kan

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