

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012359

AMENDED FILED APR 4 1961 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 44 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hosp. # 3 Nevada, Mo Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Hickory
 c. CITY OR TOWN Weaubleau Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) unk. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Merritt Middle Lewis Last Motley 4. DATE OF DEATH Month 3 Day 30 Year 61

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-17-77 9. AGE (last birthday) 83 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY unk. 11. BIRTHPLACE (City and state or country) Sinclair Co. Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME P.A. Motley 13b. MOTHER'S MAIDEN NAME Zella O. Parks 14. NAME OF HUSBAND OR WIFE Ora Cleveland Motley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk. 16. SOCIAL SECURITY NO. unk. 17. INFORMANT Paula Address State Hosp. # 3 Nevada Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Gangrene left leg.
 DUE TO (b) Arteriosclerotic Cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH 1 week
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Cardiovascular (Cerebral) disease
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 7-1-59 to 3-30-61 and last saw her alive on 3-29-61 Death occurred at 1:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Nevada Mo 22c. DATE SIGNED 3-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-1-61 23c. NAME OF CEMETERY OR CREMATORY Pleasant Spring 23d. LOCATION (City, town, or county) (State) East Darlington Mo

24. FUNERAL DIRECTOR Goodrich J. Home ADDRESS Nevada Mo 25. DATE RECD. BY LOCAL REG. 3-31-1961 26. REGISTRAR'S SIGNATURE Arnold J. Jerry

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

Paul D. [Signature]

Licensed Embalmer No. 3990

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.