

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029031

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 189 STATE FILE NUMBER

FILED AUG 21 1961

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		c. CITY OR TOWN Rockville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hospital		d. STREET ADDRESS (If outside, give location) R 1	
3. NAME OF DECEASED (Type or print) First Daniel Middle Allen Last Motley		4. DATE OF DEATH Month August Day 4 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clinton, Missouri
13a. FATHER'S NAME James Motley		13b. MOTHER'S MAIDEN NAME Catherine Boviaches	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Mrs. James Motley, Rockville, 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) Hyaline membrane DUE TO (b) Prematurity. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Birth.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 8-3-61 to 8-4-61 and last saw him alive on 8-4-61 Death occurred at 3 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R Powell (Degree or title)		22b. ADDRESS Clinton Mo	22c. DATE SIGNED 8/4/61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Aug-5-1961	23c. NAME OF CEMETERY OR CREMATORY Kidds Chapel Cemetery Near Lowry City, Mo.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Melvin K. JANSSENS, Appleton City	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-14-1961	26. REGISTRAR'S SIGNATURE Mildred Bigum

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

and
 State of Missouri
 State Board of Health
 St. Louis, Missouri
 1917

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. 4529
 P. O. Address Appleton City

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.