ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

5333 -61-037101
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED NOV 13 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1324 Paseo
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Della Middle: Last: Motley
4. DATE OF DEATH Month: 10 Day: 21 Year: 61
5. SEX: female
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-11-1902
9. AGE (last birthday): 58 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: 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
11. BIRTHPLACE (City and state or country): Palestine Arkansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Robert Weaver
13b. MOTHER'S MAIDEN NAME: Georgia King
14. NAME OF HUSBAND OR WIFE: Eddie D. Motley
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.: None
17. INFORMANT: Arizona Strickland Address: 1324 Paseo 1st Fl N

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Uremia; hypertensive cardiovas. disease; chronic pul. fibrosis
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 a.m. p.m. Month, Day, Year
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 10-12-61, to 10-21-61 and last saw her alive on 10-21-61
Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) MD
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 10-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-26-61
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): Forest City, Arkansas

24. FUNERAL DIRECTOR: Watkins Bros. Funeral Home ADDRESS: 18th & Benton
25. DATE RECD. BY LOCAL REG.: 10-15-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Ellis

DOCUMENT

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

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_____ Signed Brian R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18 Th Y Bend

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.