

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043757

STATE FILE NUMBER

Registration District No. 293 Primary Registration District No. 6015 Registrar's No. 146

FILED NOV 20 1962	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Chariton</u> admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt Springs Township</u> Length of stay in lb <u>10 months</u>	c. CITY OR TOWN <u>Salisbury Township</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9 miles So. of Salisbury</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First <u>Eugenia</u> Middle <u>Maude</u> Last <u>Mott</u>	
4. DATE OF DEATH Month <u>Nov.</u> Day <u>12</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/15/1881</u>
9. AGE (last birthday) <u>81</u>	9. AGE (last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>
11. BIRTHPLACE (City and state or country) <u>Chariton Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charles William Ford</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Wilkes</u>
14. NAME OF HUSBAND OR WIFE <u>James B. Mott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>
17. INFORMANT <u>Mr. B. J. MOTT, Salisbury, Mo.</u>	Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ 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 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 <u>Feb 10, 1962</u> to <u>11/12/62</u> and last saw her alive on <u>11/12/62</u> Death occurred at <u>5:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Huntsville, Mo.</u>
22c. DATE SIGNED <u>11/14/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Nov. 15, 1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery, Salisbury, Mo.</u>	
23d. LOCATION (City, town, or county) _____ (State) _____	
24. FUNERAL DIRECTOR <u>Chas. B. Winkelmeyer, Salisbury, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-17-62</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
10880
20210
3
4 1
5 1
6
7 0
8 0
9422.1
10
11
1286-0
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 23 1963

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 Donald W Berry, Student Embalmer No. 674

working under my personal supervision.

Student Donald W Berry Signed Chas B. Winkelmeier
Signature of Student Embalmer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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.