

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH.

State File No. **958**

FILED FEB 7 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5517** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Jess.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Calhoun</b>	
c. LENGTH OF STAY (In this place) <b>82.</b>		d. STREET ADDRESS (If rural, give location) <b>Two miles west of Calhoun</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZA</b> b. (Middle) <b>Belle</b> c. (Last) <b>Motsinger.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 14 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 9 1867</b>		9. AGE (In years last birthday) <b>85</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Calhoun Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Elija Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>J. A. Motsinger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pearl Major Calhoun</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4200</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION		

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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec 20, 1949** to **Jan 1, 1950**, that I last saw the deceased alive on **Jan 1, 1950** and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold M. L.</b> (Degree or title)		23b. ADDRESS <b>1000</b>		23c. DATE SIGNED <b>1-14-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>15 Jan - 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calhoun Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Calhoun Henry Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Jan-15-50</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. A. Housey</b>		ADDRESS <b>Calhoun Mo</b>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

420

RECEIVED

District Health Officer No. 7,

District File Number 1-50-10

Date Filed 2-6-50

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 myself

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed J A Housey

Licensed Embalmer No. 3502

P. O. Address Calhoun 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 this body is not embalmed, fact should be so stated above.