

FILED APR 8 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 8920

BIRTH NO. 124 REG. DIST. NO. 1667 PRIMARY REG. DIST. NO. 3031 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto	
d. FULL NAME OF HOSPITAL OR INSTITUTION Main & Stewart Sts.		d. STREET ADDRESS (If rural, give location) Main & Stewart Sts	

3. NAME OF DECEASED (Type or Print) Alta Mae Mothershead			4. DATE OF DEATH Mar. 27, 1949		
a. (First)		b. (Middle)	c. (Last)		Month (Day) (Year)

5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5, 1891	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Knoxville, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME David Mallicoat		13b. MOTHER'S MAIDEN NAME Elizabeth Henry		14. NAME OF HUSBAND OR WIFE J. Lee Mothershead	
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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'S SIGNATURE OR NAME Andrew England		ADDRESS De Soto, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple melanomas				2 yrs	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>		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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 23 Dec, 1947, to 27 Mar, 1949, that I last saw the deceased alive on 25 Mar, 1949, and that death occurred at 7:24 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Marie Harris, M.D.</i>		23b. ADDRESS De Soto, Mo.		23c. DATE SIGNED 29 Mar 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/30/49		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) De Soto, Mo.	
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DATE REC'D BY LOCAL REG. 4/1/49		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead		ADDRESS De Soto, Mo.	
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(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-4850  
22

Date Filed APR 7 1949

Dissected

Dissected

JUL 8 1949

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

Andrew N England

Student Embalmer No. 232

working under my personal supervision.

Student Student Embalmer

Signed

J See Mothershead

Licensed Embalmer No. 3531

P. O. Address De Soto, Missouri

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.