

No. 300
10.48

56
4
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9052

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4276 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City Mo</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City Mo</u>	d. STREET ADDRESS (If rural, give location) <u>Commercial St 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Commercial St. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Commercial St 1</u>	

3. NAME OF DECEASED (Type or Print) <u>FLORA BELL MOTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MARCH 15-1875</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>73 11 24</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		11. BIRTHPLACE (State or foreign country) <u>Michigan 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Albert C. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Durden</u>		14. NAME OF HUSBAND OR WIFE <u>Howard O. Mott</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard O. Mott Pierce City Mo</u>			
---	-------------------------------------	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart trouble</u>			INTERVAL BETWEEN ONSET AND DEATH
		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.			<u>4/21/49</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
------------------------	----------------------------------	--	--	--	--

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 March 1, 1949, to March 7, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. C. B. Knight</u> (Degree or title)	23b. ADDRESS <u>Pierce City Mo</u>	23c. DATE SIGNED <u>3/8/49</u>
--	------------------------------------	--------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City (City) cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>	
--	---------------------------------	---	---	--

DATE REC'D BY LOCAL REG. <u>March 10-49</u>	REGISTRAR'S SIGNATURE <u>Dora Mc Natt</u>	FUNDING DIRECTOR'S SIGNATURE <u>Walter Bros</u>	ADDRESS <u>Pierce City Mo</u>
---	---	---	-------------------------------

RECEIVED

Health Officer No. 6,
District File Number 349-237
Date Filed 3-15-49

MAR 22 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, ~~only~~

Edwin P. Wilks

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Edwin P. Wilks

Signed _____
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address _____

Pierce City 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.