No. 300
10.48

FILED JAN 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40101

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 215

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (In this place): 46 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia "Rural"
d. STREET ADDRESS (If rural, give location): 9 miles North

3. NAME OF DECEASED (Type or Print)
a. (First): Ora
b. (Middle): Allen
c. (Last): Motley

4. DATE OF DEATH (Month) (Day) (Year): Dec 30 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 27 1871
9. AGE (In years last birthday): 78 — If under 1 year: Months 2, Days 3 — If under 24 hrs.: 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: Farming
11. BIRTHPLACE (State or foreign country): Carsaw Lincoln Co Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Carroll Mayhew
13b. MOTHER'S MAIDEN NAME: Ann Kimler
14. NAME OF HUSBAND OR WIFE: Levi David Motley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Raymond D Motley — ADDRESS: Vandalia Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gangrene of Left foot — 45 days
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 ☐ NO ☑

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): 260X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15, 1949, *to* 12-30-49, 1949, *that I last saw the deceased alive on* 12-29, 1949, *and that death occurred at* 12:05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. D. Swan V.D.O.
23b. ADDRESS: Mexico, Mo
23c. DATE SIGNED: 12-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 1 1950
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia Missouri

DATE REC'D BY LOCAL REG.: Dec 30-1949
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: W S Waters — ADDRESS: Vandalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 5 1950
District Health Office No. 10
District File Number 1-2-5-
Date Filed JAN 5 1950

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 .....
Student Embalmer

Signed William B Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.