

1941
3
OCT 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32666

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 303

1. PLACE OF DEATH

a. COUNTY *St. Francois*

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Bonne Terre*

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *on arrival at Bonne Terre*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE *Missouri* b. COUNTY *St. Francois*

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Flat River mo*

d. STREET ADDRESS (If rural, give location) *1942*

3. NAME OF DECEASED (Type or Print)

a. (First) *Robert* b. (Middle) *Benjamin* c. (Last) *Motley*

4. DATE OF DEATH (Month) (Day) (Year) *Sept 27 1952*

5. SEX *Male* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *widowed*

8. DATE OF BIRTH *12-14-1888* 9. AGE (In years last birthday) *63* Months *9* Days *13* If under 1 year: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *mill operator* 10b. KIND OF BUSINESS OR INDUSTRY *Retired* 11. BIRTHPLACE (State or foreign country) *Potosi Mo.* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *James W. Motley* 13b. MOTHER'S MAIDEN NAME *Martha E. Tidwell* 14. NAME OF HUSBAND OR WIFE *Lucy 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. *488-03-7425* 17. INFORMANT'S SIGNATURE OR NAME *James Motley* ADDRESS *St. Louis Mo.*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Coronary Thrombosis*

ANCECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) *Arterio Sclerosis*

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. *Asthma*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION *4201* 20. AUTOPSY? YES NO

21a. ACCIDENT (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) 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 *9-27, 1952* to *9-27, 1952*, that I last saw the deceased alive on *9-27, 1952* and that death occurred at *11 A m.*, from the causes and on the date stated above.

23a. SIGNATURE *C. H. Cephery M.D.* (Degree or title) 23b. ADDRESS *Flat River Mo* 23c. DATE SIGNED *9-29-52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *9-30-52* 24c. NAME OF CEMETERY OR CREMATORY *W. B. Cemetery* 24d. LOCATION (City, town, or county) (State) *St. Francois mo*

DATE REC'D BY LOCAL REG. *Sept 30, 1952* REGISTRAR'S SIGNATURE *Ether Tidwell* 25. FUNERAL DIRECTOR'S SIGNATURE *W. A. Caldwell* ADDRESS *Flat River, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. A. Baldwin

Licensed Embalmer No. 8317

P. O. Address Flat River, 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.