

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10601**

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 1111

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Peoria</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kinderhook</b>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>----</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLIOTT</b> b. (Middle) <b>RECTOR</b> c. (Last) <b>MOTLEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1953</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 7, 1873</b>
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>medical doctor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Eldara, Illinois</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>physician</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Elliott R. Motley</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth J. Gragg</b>	
13c. NAME OF HUSBAND OR WIFE <b>Lucy Leona Motley</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy Leona Motley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>----</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Loren Motley</b>		ADDRESS <b>New Canton, Ill.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis Cerebral vessels</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>332X</b>	
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) _____		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 <b>few</b> <b>1953</b> to <b>March 11, 1953</b> , that I last saw the deceased alive on <b>March 11, 1953</b> , and that death occurred at <b>6:20 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____		23b. ADDRESS <b>Hannibal Mo</b>	
23c. DATE SIGNED <b>3-12-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/13/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Kinderhook Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kinderhook, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>3/13/53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Hannibal, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED** MAR 16 1953  
**MARIGN CO. HEALTH DEPT.**  
**DATE FILED** MAR 16 1953

**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

*Jack Schwart*

Licensed Embalmer No. 24900

P. O. Address Hannibal, 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.