S. No. 300
v. 10.48

4-6-20
0700

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

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36606

BIRTH NO. _____ REG. DIST. NO. 2-3-1 232 PRIMARY REG. DIST. NO. 5812 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown (Rural) Prairie
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): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montg.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown (Rural) Prarie
d. STREET ADDRESS (If rural, give location): 0700

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

4. DATE OF DEATH (Month) Oct (Day) 31 (Year) 1953

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: Apr 11 1879
9. AGE (In years last birthday): 74 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

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

13a. FATHER'S NAME: Samuel Motley
13b. MOTHER'S MAIDEN NAME: Deborah Womack
14. NAME OF HUSBAND OR WIFE: Demora Elton

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.: No
17. INFORMANT'S SIGNATURE OR NAME: Laurence Motley — **ADDRESS**: Middletown, 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) Myo. cardial heart failure — 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) Cerebral hemorrhage
DUE TO (c) Cardio-vascular renal-condition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442 X
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):
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* Oct 1, 1953 *to* Oct 31, 1953 *that I last saw the deceased alive on* Oct. 30, 1953, *and that death occurred at* 3:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Titus (Degree or title): D.O.
23b. ADDRESS: Middletown, Mo.
23c. DATE SIGNED: Nov. 1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 2 1953
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Cemetery
24d. LOCATION (City, town, or county) (State): Middletown Mo.

DATE REC'D BY LOCAL REG.: Nov 2-53
REGISTRAR'S SIGNATURE: Mrs. Zoe Chapman
25. FUNERAL DIRECTOR'S SIGNATURE: Butler & Pritchett — **ADDRESS**: Middletown, Mo
(Licensed Embalmer's Statement on Reverse Side) G. A. Pritchett

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 John W. Butler

Licensed Embalmer No. 447

P. O. Address Bowling Green

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.