

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38879

State File No.

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4216 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Calhoun</u>	c. LENGTH OF STAY (in this place) <u>25 yr</u>	c. CITY (If outside corporate limits) write RURAL and give township) <u>Calhoun</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South ward.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Delton</u> c. (Last) <u>Motsinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 17 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3. 28. 1879</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		9b. KIND OF BUSINESS OR INDUSTRY <u></u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> IF UNDER 1 MRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Calhoun, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13. FATHER'S NAME <u>Robert Kolbinger</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Swindle</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Motsinger</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></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harold Junior Motsinger</u>		18. ADDRESS <u>Calhoun</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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) _____	
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 <u>July 1</u> , 19 <u>53</u> , to <u>11-17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>53</u> , and that death occurred at <u>4 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Roger Jordan M.D.</u>		23b. ADDRESS <u>Wilson Mo</u>	
23c. DATE SIGNED <u>11-17-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 19</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>		DATE REC'D BY LOCAL REG. <u>Nov-19-53</u>	
REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. A. Housey</u>	
ADDRESS <u>Calhoun Mo</u>		ADDRESS _____	

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

0 20

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. A. Housey

Signed
Student Embalmer

Licensed Embalmer No. 3502

P. O. Address Calhoun 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.