

No. 300
10. 48

0920

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

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31549

State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6067 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>St. Clair.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- El Dorado Spgs., Mo.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY OR TOWN <u>El Dorado Springs.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Speedwell Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS (If rural, give location) <u>Speedwell Township</u>		<u>0920</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W.</u> c. (Last) <u>Motley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug; 26, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct; 23, 1875</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County Missouri</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 _____	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>D.P. Motley</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Hensley</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Motley, El Dorado Springs Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Initial Strain</u> ANTECEDENT CAUSES <u>Due to (b) Blood pressure high</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	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>2-1</u> , 19 <u>54</u> , to <u>7-2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>54</u> , and that death occurred at <u>11:30 A.M.</u> on <u>7-2</u> , 19 <u>54</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Richardson M.D.</u> (Degree or title)		23b. ADDRESS <u>El Dorado Springs Mo</u>	23c. DATE SIGNED <u>8/27/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Springs</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-16-54</u>	REGISTRAR'S SIGNATURE <u>Walter Seewers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Baadert</u>	ADDRESS <u>Osceola Mo</u>

OCT 19 1956

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.....
Signature of Student Embalmer

Signed *J B Swadlow*

Licensed Embalmer No. *3038*

P. O. Address *Crescent*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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