

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10212

State File No.

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6000		Registrar's No.		
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper Rural		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Rural Jasper		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 10 mi N Vandalia				e. STREET ADDRESS (If rural, give location) 10 mi North Vandalia 0870				
3. NAME OF DECEASED (Type or Print), a. (First) Wanda		b. (Middle) Marie		c. (Last) Motley		4. DATE OF DEATH (Month) (Day) (Year) Mar 24, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 31, 1928		9. AGE (In years last birthday) 27	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME Earnest Bontz		13b. MOTHER'S MAIDEN NAME Willie Simpson		14. NAME OF HUSBAND OR WIFE Robert Duncan Motley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Duncan Motley, Vandalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Self inflicted bullet wound which entered abdomen 7cm. above umbilicus in midline. Two loops of small bowel penetrated. Abdominal aorta severed, bullet made exit through back 2 Cm to left of spinal column at level of 1st and 2nd lumbar vertebrae.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.				DUE TO (b) through back 2 Cm to left of spinal column at level of 1st and 2nd lumbar vertebrae.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 976x				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jasper Township Ralls, Mo.		21f. HOW DID INJURY OCCUR? Self inflicted gunshot wound.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 24, 1956m		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from No Medical attention. , 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9:30PM , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Clyde C. Mims, Coroner		23b. ADDRESS Perry, Mo. Ralls County		23c. DATE SIGNED 3-25-1956				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 27, 1956		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri		
DATE REC'D BY LOCAL REG. 3-28-1956		REGISTRAR'S SIGNATURE Clyde C. Mims		FUNERAL DIRECTOR'S SIGNATURE ADDRESS William B. Waters Vandalia, 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 e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Gates*.....

Licensed Embalmer No. *41*

P. O. Address *Dundell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.