

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **131**

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Monett	c. LENGTH OF STAY in this place 3 days	c. CITY OR TOWN Pierce City	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St Vincents Hosp		e. STREET ADDRESS (If rural, give location) 0551	

3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) EMERSON c. (Last) MOTLEY			4. DATE OF DEATH (Month) (Day) (Year) Jan 2 - 1957		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 6 - 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and County or Foreign Country) Lawrence County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Julther Motley		13b. MOTHER'S MAIDEN NAME Honny Woods		14. NAME OF HUSBAND OR WIFE Sophia Motley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Sophia Motley		ADDRESS Pierce City Mo	
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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) Carcinoma of lung left			INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **9-10, 1956**, to **1-2, 1957**, that I last saw the deceased alive on **1-2, 1957**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE F. L. Edwards	(Degree or title) M.D.	23b. ADDRESS Monett, Mo	23c. DATE SIGNED 1-4-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 6, 1957	24c. NAME OF CEMETERY OR CREMATORY City cemetery	24d. LOCATION (City, town, or county) (State) Pierce City Mo
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DATE REC'D BY LOCAL REG. 1-8-57	REGISTRAR'S SIGNATURE Mrs. P. D. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Welch Bros		ADDRESS Pierce City Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5133

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 157-2

DATE REC. 1-14-57

JAN 21 1957

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 Edwin Wilke, Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilke.....

Licensed Embalmer No. 413

P. O. Address Perce City

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.