

FILED DEC 12 1957

STANDARD CERTIFICATE OF DEATH

39821
State File No.

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Senath</u>		b. COUNTY <u>Dunklin</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN <u>Senath</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>035 0</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wirta</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Motsinger</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1957</u>
5. SEX <u>7 /</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 22, 1892</u>
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR <u>10</u> MONTHS <u>1</u> DAYS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Haines, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>W. W. McDaniel</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-03-8913</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Lee Fritz - Senath, Mo.</u>
		ADDRESS

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchial asthma</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>241X</u>
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 about 2 years to Nov. 23 1957, that I last saw the deceased alive on Oct. 15, 1957, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy E. Daniel, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Senath Mo.</u>	23c. DATE SIGNED <u>11-23-57</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 24 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Senath Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Senath, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-5-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. H. Haines</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Funeral Service - beachville, Ark</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

91-0

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 12-11-57

COUNTY FILE NUMBER 1257-2

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..... *Hentz Grimes*

Licensed Embalmer No. 5032

P. O. Address.. Seachville

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.