

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029453

FILED VS JUL 25 1960

Registration District No. 371 Primary Registration District No. 4542 Registrar's No. 12

STATE FILE NUMBER

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Webster</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Rogersville</u>                 |  | Length of stay in 1b   | c. CITY OR TOWN <u>Rogersville</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Residence</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>Residence</u>                     |
|   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |   |  |  |  |
|---|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>MILLARD</u> Middle <u>BENJAMIN</u> Last <u>MOTT</u>                   |                                  |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>1</u> Year <u>1960</u>  |  |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>July 23, 1888</u>                             | 9. AGE (last birthday)<br><u>71</u>                  | IF UNDER 1 YEAR<br>Months <u>71</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   | 11. BIRTHPLACE (City and state or country)<br><u>MANES, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>         |  |
| 13a. FATHER'S NAME<br><u>MILLARD F. MOTT</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>SARAH ROBERTSON</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>HATTIE</u>         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>NO</u>  |  | 17. INFORMANT<br><u>Betty Dunn, Rogersville, Mo.</u> |  |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Rheumatic Heart Disease w/ b mso  
DUE TO (b) aortic stenosis & insufficiency  
DUE TO (c) \_\_\_\_\_

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Brucella's acute

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____                 |   |  |

|   |  |  |                          |
|---|--|--|--------------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION<br><u>Springfield, Mo</u> | COUNTY _____ STATE _____ |
|---|--|--|--------------------------|

21. I attended the deceased from 13 June 1960 to July 1960 and last saw her alive on 22 June 1960  
Death occurred at 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |                                       |
|--|--|---------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>J. C. Callaway M.D.</u> | 22b. ADDRESS<br><u>Springfield, Mo</u> | 22c. DATE SIGNED<br><u>12 July 60</u> |
|--|--|---------------------------------------|

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>July 3, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORIUM<br><u>Steele Memorial Cem.</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Hartsville Missouri</u> |
|--|----------------------------------|---|---|

|  |  |  |
|--|--|--|
| 24. FUNERAL DIRECTOR<br><u>J. C. Ferrell, Rogersville, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>JULY 18, 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Opal M. Good</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Flora G. Jewell

Licensed Embalmer No. 4847

P. O. Address Mansfield, Mass.

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