

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048438

FILED VS DEC 23 1960

Registration District No. 833 Primary Registration District No. 3074 Registrar's No. 292

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Length of stay in 1b <b>8 yr</b>		c. CITY OR TOWN <b>Sikeston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Resident</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>107 Petty</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>xxxxxx</b> Last <b>Motley</b>				4. DATE OF DEATH Month <b>December</b> Day <b>7</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12, 1882</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>5</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>xxxx</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common Labor</b>		11. BIRTHPLACE (City and state or country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Lavanah Motley</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>xxxx</b>		17. INFORMANT <b>Lavanah Motley</b>		Address <b>Sikeston, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Arteriosclerotic Heart Dis</b>						<b>unkn</b>		
DUE TO (c) <b>Generalized Arteriosclerosis</b>						<b>unkn</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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 Hour <b></b> Month, Day, Year <b></b>								
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		COUNTY STATE		
21. I attended the deceased from <b>7/11/60</b> to <b>12/3/60</b> and last saw him alive on <b>12/3/60</b> Death occurred at <b>2:00 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>John S Sample M.D.</b> (Degree or title)				22b. ADDRESS <b>Charleston Mo</b>		22c. DATE SIGNED <b>12/12/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-10-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Smith West End Court</b>		23d. LOCATION (City, town, or county) <b>West of Sikeston, Mo.</b>		(State)		
24. FUNERAL DIRECTOR ADDRESS <b>Smith Funeral Home Sikeston, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-16-60</b>		26. REGISTRAR'S SIGNATURE <b>Miss Ella Hunter</b>		

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 Fred C. Smith

Licensed Embalmer No. 4408

P. O. Address Subston

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.