

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

## =63-012843

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 31

**FILED APR 2 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Doniphan</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>Doniphan</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ripley Co. Mem. Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route #2</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Walter A. Mott</b>		First Middle Last	4. DATE OF DEATH <b>March 13, 1963</b> Month Day Year
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/23/82</b> 9. AGE (last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Crittten Co., Kentucky U.S.A.</b> 12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <b>Charles Mott</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lucy Ann Mott Dec.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <b>No</b> )		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Mrs. Dessie Lee Kansas City, Mo.</b> Address
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonitis</b> DUE TO (b) <b>General Debility</b> DUE TO (c) <b>Arthritis (Osteo)</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			INTERVAL BETWEEN ONSET AND DEATH <b>1 da.</b>
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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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>Oct, 62</b> to <b>death</b> and last saw <sup>her</sup> him alive on <b>3-13-63</b> Death occurred at <b>12:10 pm</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Gene H. Leroux, M.D.</b>		22b. ADDRESS <b>Doniphan, Mo.</b> 22c. DATE SIGNED <b>3-18-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/15/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Towles Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Ripley County, Missouri</b>
24. FUNERAL DIRECTOR <b>Edwards Funeral Home Doniphan, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>3-15-63</b>	26. REGISTRAR'S SIGNATURE <b>Flava Broz</b>

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 Jack L. Cunningham, Student Embalmer No. 676

working under my personal supervision.

Student Jack L. Cunningham  
Signature of Student Embalmer

Signed Gene Starnent

Licensed Embalmer No. 4809

P. O. Address Rayler, Mo.

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.

Permit issued  
02:00  
02:00  
04 - 4

3-15-63 - J.B.