

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025004

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 380 Primary Registration District No. 3089 Registrar's No. 417

STATE FILE NUMBER

FILED JUL 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0585  
2 0585  
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4 0  
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9 9190  
10 19  
11 052  
12 29-3  
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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 <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		Length of stay in 1b <u>18 years</u>	c. CITY OR TOWN <u>Brookfield</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>109 Macon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>109 Macon</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>ORVILLE H. MOTT</u>			4. DATE OF DEATH Month <u>June</u> Day <u>21</u> Year <u>1963</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>12/22/1911</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months <u>5</u> Days <u>29</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dairy Business Linn Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Jefferson Mott</u>		13b. MOTHER'S MAIDEN NAME <u>One Elizabeth Head</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>			16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>Cecilia Pohl, St. Joseph Missouri</u>	

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

IMMEDIATE CAUSE (a) Shot wound from high-  
Standard 22 Cal. target pistol

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

DUE TO (c)

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Subject preparing to go hunting - pistol</u>	
20c. TIME OF INJURY Hour <u>4:45</u> a.m. <u></u> Month, Day, Year <u>6-21-63</u>	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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Brookfield</u>	COUNTY <u>Linn</u> STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>approx 4:45</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>W R Whight</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Madville, Missouri</u>		22c. DATE SIGNED <u>6-21-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 24, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Brookfield, Missouri</u>
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-24-63</u>	26. REGISTRAR'S SIGNATURE <u>Cecilia Watson</u>	

(Licensed Embalmer's Statement on Reverse Side)

