

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45529

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 425

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 106 Grant St.			Length of stay in lb		d. STREET ADDRESS 106 Grant Street			C. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ace Middle Wyatte Last Motley				4. DATE OF DEATH Month Dec. Day 27 Year 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 29, 1883		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10 Days 28 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner			10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (City and state or country) Washington County, Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James W. Motley				14. MOTHER'S MAIDEN NAME Martha Tidwell					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address John Motley, Rivermines, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerotic heart disease DUE TO (c) 4800 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 30 min. unknown	
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 Month Day Year a. m. p. m. 									
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 1947 , to Dec 27, 1957 and last saw ^{her} him alive on Dec 27, 1957 Death occurred at 10:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. C. Foster (Degree or title) MD				22b. ADDRESS Desloge, Mo			22c. DATE SIGNED 12-30-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/30/57	23c. NAME OF CEMETERY OR CREMATORY K of P Cemetery		23d. LOCATION (City, town, or county) (State) St. Francois, Missouri				
24. FUNERAL DIRECTOR Boyer & Son ADDRESS Desloge, Mo			25. DATE RECD. BY LOCAL REG. Dec. 30, 1957		26. REGISTRAR'S SIGNATURE Esther Rudolph				

(Licensed Embalmer's Statement on Reverse Side)

Health,
& Welfare
S. Public
th ServiceS. 300
v. 1-56All
diseases will be listed. All
causes cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Specimen prepared by 193-140-MO-KS 1957.

29-0

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..... *C. L. Boyer*

Licensed Embalmer No. *1417*

P. O. Address *Osage*

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.