

38990

MISSOURI, STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 11 1939 73
Registration District No. _____

Primary Registration District No. 5112

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME STANLEY PAUL BOTKIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1939 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife KATHRYN Botkin

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased June 10, 1916
(Day) (Year)

Immediate cause of death _____

Duration _____

8. AGE: Years 23 Months 4 Days 18 hr. _____ min. _____

Due to Head injury + Body injury in a car accident

Due to From injuries accidentally inflicted in a car wreck on Highway 63

Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Crestolia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER

12. Name L. C. Botkin

13. Birthplace Clark Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Oliver King

15. Birthplace Clark Co. Ohio
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 28 Oct 1939

(c) Where did injury occur? Highway 63 North of Columbia
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway
(Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature L. C. Botkin

(b) Address Centralia Mo

17. (a) Crestolia Mo (b) Date thereof 10-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crestolia Mo

18. (a) Signature of funeral director Mrs. M. B. ...

(b) Address Crestolia Mo

19. (a) 11/24/39 (b) Chas. Selby
(Date received local registrar) (Registrar's signature)

While at work? _____

23. Signature M. R. Tolson (M. D. or Other) _____

Address 218 N 86 St Date signed Nov 7 39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 1 X1951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

210 m

State of Rhode Island

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. McDonald

Licensed Embalmer No. 2589

P. O. Address Centerville 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 this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38990

Do not use this space.

1. PLACE OF DEATH:

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 5112
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 133

2. PRINT FULL NAME

Stanley Paul Botkin
 (a) Residence, No. _____ St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>23</u>	MONTHS <u>4</u>	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE _____ DATE _____ 19__				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED _____, 19__				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Head and body injury
Injury received in
car wreck
 Date of onset _____

Other contributory causes of importance:
Non collision

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc Date of injury _____, 19__
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Car accident
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) M. R. Tolson Car
 (Address) Columbia Mo

SUPPLEMENTARY

Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

