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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

*Dwyer*  
FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9435

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		
c. LENGTH OF STAY (In this place) <b>Lifetime</b>			d. STREET ADDRESS (If rural, give location) <b>1316 SO. CARR</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>BOTHWELL MEMORIAL HOSPITAL</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>			b. (Middle) <b>E</b>		c. (Last) <b>BOTTS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 5 1949</b>		
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5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 18 1863</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pettis Co., Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>William Botts</b>			13b. MOTHER'S MAIDEN NAME <b>Emily Carrington</b>			14. NAME OF HUSBAND OR WIFE <b>Anna Garrett</b>		
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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>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Emma Botts 1316 So. Carr Sedalia, Mo</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Serivility</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Atherosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>6mo</b> <b>6mo</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4 mo</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 2/5, 1949, to 3/5, 1949, that I last saw the deceased alive on 3/5, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. Dwyer M.D.</i> (Degree or title)			23b. ADDRESS <i>Sedalia Mo.</i>			23c. DATE SIGNED <i>3/7/49</i>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 7 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>3-7-1949</b>		REGISTRAR'S SIGNATURE <i>Betty Yeager Deputy</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. Peckhart, Sedalia, Mo</i>		
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**RECEIVED**

**District Health Officer No. 8,**

District File Number  
3-23-49

**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 .....  
Student Embalmer

Signed W. Hebert

Licensed Embalmer No. 3470

P. O. Address Adalia, 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, fact should be so stated above.