

FILED JUL 1 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20221

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 22

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		d. STREET ADDRESS (If rural, give location) <u>101 Bloomington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 Bloomington St.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>J</u>		c. (Last) <u>Bott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 6 1868</u>	9. AGE (In years) (If under 1 year, give months) (If under 12 months, give days) (If under 12 hours, give minutes) <u>81</u> <u>14</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired meat cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Bott</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Klem</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Bott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thos. L. Bott, Macon, Mo.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>arteriosclerosis with hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>5 or more</u> <u>4 1/2</u> <u>45 el</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-6</u> , 19 <u>49</u> , to <u>5-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>49</u> and that death occurred at <u>8am</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. P. Honorary M.D.</u>				23b. ADDRESS <u>Macon MO</u>		23c. DATE SIGNED <u>6-23-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 23</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richards dat B.</u>		24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-23-49</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Skinner</u>		ADDRESS <u>Macon Mo</u>	

FEB 1 1950

RECEIVED

District Health Officer No.

District File Number 6-49-11

Date Filed JUN 29 1949

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 Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macou M

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.