

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3533

State File No.

970
2

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall, Township 14 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School,</u>		d. STREET ADDRESS (If rural, give location) <u>-----</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Gay</u> c. (Last) <u>Botkin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Aug. 1, 1941</u>
9. AGE (In years last birthday) <u>8</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	11. IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Centerville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.B. Botkin,</u>		13b. MOTHER'S MAIDEN NAME <u>Lorene Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Records of Missouri State School</u>		ADDRESS <u>-----</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia (Double)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>low mentality (A Mongolian)</u> DUE TO (c) <u>-----</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	
20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-----</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? <u>-----</u>			
22. I hereby certify that I attended the deceased from <u>9-20-49</u> , 19 <u>50</u> , to <u>1-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-11</u> , 19 <u>50</u> , and that death occurred at <u>7:18 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank Nichols, M.D.</u>		23b. ADDRESS <u>Marshall, Missouri</u>	
23c. DATE SIGNED <u>1-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 13</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centerville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centerville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 12-1950</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> 385	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis Marshall, Mo.</u>		ADDRESS <u>-----</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 16

District Health Officer No. 8,

District File Number

Date Filed 1-18-50

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

R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address *Marshall, 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.