

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13697**

BIRTH NO. _____		REG. DIST. NO. 180		PRIMARY REG. DIST. NO. 429A		Registrar's No. 7			
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lincoln					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Monroe		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Monroe		05 70			
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) -----					
3. NAME OF DECEASED. (Type or Print)		a. (First) Henry		b. (Middle) William		c. (Last) Bothe			
4. DATE OF DEATH		(Month) 4		(Day) 14		(Year) '50			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 17 1872		9. AGE (In years last birthday) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RR		10b. KIND OF BUSINESS OR INDUSTRY Burlington		11. BIRTHPLACE (State or foreign country) Lincoln Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Bothe		13b. MOTHER'S MAIDEN NAME Wilke		14. NAME OF HUSBAND OR WIFE Julia Bothe					
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. 707-09-6482		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ed Gose		ADDRESS LOld Monroe Mo.			
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) the myocarditis				ANTECEDENT CAUSES				6 mo	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) cerebral thrombosis				1 1/2 yrs.	
				DUE TO (c) generalized arteriosclerosis				10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4221	
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 Jan , 19 47 , to April 14 , 19 50 , that I last saw the deceased alive on April 3 , 19 50 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Lawrence B. Behan MD (Degree or title)				23b. ADDRESS OF Fallon Mo				23c. DATE SIGNED 4-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-16-50		24c. NAME OF CEMETERY OR CREMATORY Fv. & Reformed		24d. LOCATION (City, town, or county) (State) Old Monroe Mo.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Apr 18-1950 Emma B. Redde		1621		25. FUNERAL DIRECTOR'S SIGNATURE E. K. Kelly		ADDRESS O'Fallon Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
D.48

MAY 25 1950

District File Number _____

District Health Officer No. 9,

APR 24 1950

RECEIVED

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 *E. H. [Signature]*

Licensed Embalmer No. 877

P. O. Address Fallen St

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.