

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16652

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1982

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Concordia Rural 0540</u>	
c. LENGTH OF STAY (in this place) <u>25 days</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles North of Concordia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathilda</u> b. (Middle) <u>Emelia Marie</u> c. (Last) <u>Boteler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29, 1950</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 2</u>	8. DATE OF BIRTH <u>Nov. 26, 1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>home</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Concordia Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Henry L. Rabe</u>	13b. MOTHER'S MAIDEN NAME <u>Doris Franz</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Boteler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Boteler</u>	ADDRESS <u>Concordia Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolis</u>		<u>19 days</u>  <u>unknown</u> <u>unknown</u>
	ANTECEDENT CAUSES		
	DUE TO (b) <u>complete hysterectomy</u> DUE TO (c) <u>carcinoma cervix with metastasis into broad ligaments</u>		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			

19a. DATE OF OPERATION <u>4-10-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>carcinoma cervix with metastasis to broad ligaments</u>	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) _____	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 April 4, 1950, to 4-29, 1950, that I last saw the deceased alive on 4-29, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earl R. Knox M.D.</u>	23b. ADDRESS <u>730 Prof. Bldg.</u>	23c. DATE SIGNED <u>4-30-50</u>
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24a. BURIAL CREMATION (REMOVAL) <u>burial</u>	24b. DATE <u>5-3-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns</u>	24d. LOCATION (City, town, or county) (State) <u>Concordia Mo.</u>
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DATE RECD BY LOCAL REG. <u>4-30-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James Funeral Home</u>	ADDRESS <u>Concordia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 14 1957

**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.....

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

WRITE PLAINLY—USING UNFADING INK

as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c) <u>Carcinoma Cervix with Metastasis</u>		<u>Missouri</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Metastasis into Blood Vessels</u>				"	
19a. DATE OF OPERATION <u>4/10/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Cervix with metastasis to Blood</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Natural</u>			
22. I hereby certify that I attended the deceased from <u>Apr 4</u> , 19 <u>50</u> , to <u>Apr 29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr 29</u> , 19 <u>50</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl B. Knox</u> (Degree or title)		23b. ADDRESS <u>730 Prof. Bldg. - K. C. Mo.</u>		23c. DATE SIGNED <u>4-30-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3rd 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Concordia Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-30-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Funeral Home Concordia Mo,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

*Chas E. Wilks*

Signed.....

Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *Houston, Texas*

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.