

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19335

FILED JUL 11 1950

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 190	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>6 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		<u>0104</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No 410 C.C. Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>410 C C Av</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Botkin</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1950</u>			
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 12, 1897</u>	
9. AGE (in years last birthday) <u>50</u>		10. MONTH <u>5</u> DAY <u>31</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Gracy Sales Supervisor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>RAUDRAINE</u>			
13a. FATHER'S NAME <u>John K Botkin</u>		13b. MOTHER'S MAIDEN NAME <u>Vinnie Turner</u>		14. NAME OF HUSBAND OR WIFE <u>MINERVA Botkin</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minerva Botkin</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>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malnutrition emaciation</u> DUE TO (c) <u>general extreme debility</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>11/23/48</u> <u>6/3/50</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>10/18/1946</u>		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>10/18/1946</u> , to <u>16/3/50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6/3/50</u> , 19 <u> </u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter Parks</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>311 Christian Col. Ave. Columbia, Mo.</u>		23c. DATE SIGNED <u>16/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 3 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. H. H.</u> ADDRESS <u>Columbia Mo</u>			

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7.18.58

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Guy C. Shelton

Licensed Embalmer No. 4700

P. O. Address

Columbia, 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.