

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25975

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 61

0050

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give town) Rural, Washburn, twp.	c. LENGTH OF STAY (in this place) 5 wks.	c. CITY (If outside corporate limits, write RURAL and give township) Rural, Washburn twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. N.W. of Washburn		d. STREET ADDRESS (If rural, give location) 3 mi. N.W. of Washburn	

3. NAME OF DECEASED (Type or Print) a. (First) Adolph b. (Middle) Davis c. (Last) Bothne			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec 7, 1873	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Coon Valley, Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charley Cargile, Washburn, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death.		177X	

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) m.	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 **7/14, 1950**, to **7/15, 1950**, that I last saw the deceased alive on **7/15, 1950** and that death occurred at **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. C. Cargile, M.D. (Deputy or title)	23b. ADDRESS Stella, Mo.	23c. DATE SIGNED 8/15/50
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-1-50	24c. NAME OF CEMETERY OR CREMATORY Washburn Prairie Cem. Barry County, Mo.
24d. LOCATION (City, town, or county) (State) Barry County, Mo.		

DATE REC'D BY LOCAL REG. Aug 17-1950	REGISTRAR'S SIGNATURE Grace Williams 10	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Cargile, Corvallis, Mo. ADDRESS
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 21 1950

Dist. File 850-100

Date Filed 8-22-50

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 W.C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.