

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34454

BIRTH NO.		REG. DIST. NO. 299		PRIMARY REG. DIST. NO. 4558		Registrar's No. 22	
1. PLACE OF DEATH: a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) Centerville		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Centerville		090	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) George		a. (First) Matison		b. (Middle) Botkin		c. (Last)	
4. DATE OF DEATH		Oct. 27		1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Mar. 15 1883	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (State or foreign country) Centerville Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Botkin		13b. MOTHER'S MAIDEN NAME Lucy Weible		14. NAME OF HUSBAND OR WIFE Flora Harrison Botkin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G. M. Botkin Centerville Mo.			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of the Liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 157A			
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 for the last 2 or 3 years, that I last saw the deceased alive on _____, 19____, and that death occurred at 10.00P.m., from the causes and on the date stated above.							
23a. SIGNATURE J. R. Gentry		23b. ADDRESS M.D. Centerville Mo.		23c. DATE SIGNED 11/1/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-29-50		24c. NAME OF CEMETERY OR CREMATORY Centerville Cem.		24d. LOCATION (City, town, or county) (State) Centerville Mo.	
DATE REC'D BY LOCAL REG. nov. 2 1950		REGISTRAR'S SIGNATURE E. M. Gentry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. Emily White			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 4 1950

DISTRICT HEALTH OFFICE No. 6

File No.

NOV 14

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 Amel J. White

Licensed Embalmer No. 3012

P. O. Address Imperial Hwy.

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.