

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41152

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 490

1. PLACE OF DEATH a. COUNTY <u>Jackson (Brookings)</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kansas City 3 Mo.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kansas City (Brookings)</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6711 Cambridge</u>			d. STREET ADDRESS (If rural, give location) <u>6711 Cambridge 0480</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>William</u> c. (Last) <u>Botts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 12, 1899</u>
9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, if any) <u>Building Contractor</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Thomas Botts</u>	

13b. MOTHER'S MAIDEN NAME <u>Marie Ferninda Botts</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Stella Botts</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>496-03-3347</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Botts</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic coronary artery disease -</u> DUE TO (c) <u>congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>15 yrs</u> <u>2 yrs</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) _____		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 8:11, 1950, to 12:20, 1950, that I last saw the deceased alive on 11:30, 1950, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack M. Davis M.D.</u> (Degree or title)		23b. ADDRESS <u>Raytown, Mo</u>		23c. DATE SIGNED <u>12 21 50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Lawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>		DATE REC'D BY LOCAL REG. <u>Dec. 21-1950</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>	
FORENSIC DIRECTOR'S SIGNATURE <u>W. H. Mitchell</u>		ADDRESS <u>Indep Mo</u>			

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

DEC 27 1950

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.

Signed.....
Student Embalmer

Signed *William M. Bair*
Student Embalmer No.....
Licensed Embalmer No. *3156*
P. O. Address *Indep. 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.