

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23718

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 242

1. PLACE OF DEATH
a. COUNTY ~~XXXXXX~~ Marion
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital.

2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)
a. STATE Missouri b. COUNTY Monroe
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Santa Fe, Missouri. 0690
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED a. (First) Verna b. (Middle) Lee c. (Last) Botts 4. DATE OF DEATH (Month) (Day) (Year) July, 19, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH June, 19, 1891 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 1 Days 0 IF UNDER 24 HRS. Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (State or foreign country) Santa Fe, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Bates 13b. MOTHER'S MAIDEN NAME Bell Botts 14. NAME OF HUSBAND OR WIFE Dr Wm Botts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Rochelle Alverson ADDRESS Santa Fe, 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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac (Enlarged Heart) ANTECEDENT CAUSES DUE TO (b) Anemia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 442X 20. AUTOPSY? YES NO

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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK HOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Aug 1, 1945, to July 19, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. 23b. ADDRESS Perry, Missouri. 23c. DATE SIGNED 7-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7-22-51 24c. NAME OF CEMETERY OR CREMATORY Santa Fe Cemetery 24d. LOCATION (City, town, or county) (State) Santa Fe, Mo.

DATE REC'D BY LOCAL REG. 7-26-51 REGISTRAR'S SIGNATURE Dr. E.M. Lucke FUNERAL DIRECTOR'S SIGNATURE Clyde Wilkey ADDRESS Perry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3644

RECEIVED JUL 30 1951
UNION CO. HEALTH DEPT.
DATE FILED JUL 30 1951

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 Clyde Wickey

Licensed Embalmer No. 3829

P. O. Address Perry, 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.