

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26503**

FILED AUG 31 1951

BIRTH NO.		REG. DIST. NO. <b>99</b>		PRIMARY REG. DIST. NO. <b>5377</b>		Registrar's No. <b>42</b>			
1. PLACE OF DEATH a. COUNTY <b>DeKalb</b> <b>0320</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> <b>DeKalb</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville (Rural) GRANT</b> <b>0320</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville (Rural) 0320</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION.				d. STREET ADDRESS (If rural, give location) <b>0</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JAMES</b>		b. (Middle) <b>ALLEN</b>		c. (Last) <b>BOTTS</b>			
5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single 7</b>		8. DATE OF BIRTH <b>11-1-1887</b>			
9. AGE (In years, last birthday) <b>63</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HOUR Hours Min.		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 17 1951</b>			
10a. USUAL OCCUPATION (Give kind of work done during 24 hours of week, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>DeKalb County Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>James W. Botts</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Krayenbuhl</b>		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Phoebe Stockdale Maysville Mo</b>					
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) <b>Suicide by Drowning</b>  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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>6975X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Maysville (R.F.D.) DeKalb Mo.</b>					
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 <b>Aug 11</b> , 19 <b>51</b> , to _____, 19____, that I last saw the deceased alive on <b>Aug 11</b> , 19 <b>51</b> , and that death occurred at <b>6:44</b> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>James H. Sweiger M.D.</b>				23b. ADDRESS <b>Maysville Mo</b>		23c. DATE SIGNED <b>8/17/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-19-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rutler</b>		24d. LOCATION (City, town, or county) (State) <b>Maysville R.F.D. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>8-20-51</b>		REGISTRAR'S SIGNATURE <b>Phoebe Stockdale</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PILCHER FUNERAL HOME MAYSVILLE MO.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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



VS FEB 4 1960

### 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.

Signed \_\_\_\_\_

C. T. Fitcher

3960

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_  
Lrysவில் 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.