

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **33014**

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higbee Mo</u>		0880	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Boonlick Nursing Home.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Frank FRANK</u>			a. (First)	b. (Middle) <u>C</u>	c. (Last) <u>Bottoms</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept, 23 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 8 1865</u>		9. AGE (in years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—————</u>		11. BIRTHPLACE (State or foreign country) <u>Randolph Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
13a. FATHER'S NAME <u>Dudley Bottoms</u>			13b. MOTHER'S MAIDEN NAME <u>Harrnett Eccles</u>		14. NAME OF HUSBAND OR WIFE <u>?</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>—————</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ollie Bottoms</u>		ADDRESS <u>Higbee Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>URINARY BLADDER ADENOCARCINOMA</u>				ANTECEDENT CAUSES			2 YEARS
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				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.			
				<u>ANEMIA, SECONDARY</u>			
19a. DATE OF OPERATION <u>7-24-48</u>		19b. MAJOR FINDINGS OF OPERATION <u>CARCINOMA OF URINARY BLADDER</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>181 X</u>			
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 <u>JULY 9</u> , 19 <u>51</u> , to <u>SEPT. 23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>SEPT. 21</u> , 19 <u>51</u> , and that death occurred at <u>4</u> A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. L. Hooper, M.D.</u>				23b. ADDRESS <u>BOONVILLE, MISSOURI</u>		23c. DATE SIGNED <u>10-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 25 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Higbee Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-7-51</u>		REGISTRAR'S SIGNATURE <u>W. L. Hooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home</u>		ADDRESS <u>Higbee Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

4272
4

RECEIVED

OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 15 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. D. Griemuth

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.