

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32572**

FILED OCT 5 1953

BIRTH NO. REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **298**

0804

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		e. STREET ADDRESS (If rural, give location) Rural 0800	
3. NAME OF DECEASED a. (First) Lucy		b. (Middle)	c. (Last) Bothwell
4. DATE OF DEATH (Month) (Day) (Year) Sept 29 53		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Oct-8-1872		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) Clay City Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Clay Bothwell		13b. MOTHER'S MAIDEN NAME Mary Myers	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Miss Ada Bothwell	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		ADDRESS River Forest Ill	

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) Adens Carcinoma of the Colon		II. OTHER SIGNIFICANT CONDITIONS		✓
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Colostomy 8-1-1953.		
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) (m.)		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 **9-28**, 19**53**, to **9-29**, 19**53**, that I last saw the deceased alive on **9-28**, 19**53**, and that death occurred at **6:40** P. M., from the causes and on the date stated above.

23a. SIGNATURE Frank B. King M.D.	23b. ADDRESS 219 1/2 So. Olive St. Sedalia, Mo.	23c. DATE SIGNED 9-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-1-53	24c. NAME OF CEMETERY OR CREMATORY Clay City cemetery
24d. LOCATION (City, town, or county) (State) Clay City Ill	25. FUNERAL DIRECTOR'S SIGNATURE A. G. Campbell M.D.M.C. Laughlin Bros	
25. ADDRESS Sedalia	25. ADDRESS Sedalia	

DATE REC'D BY LOCAL REG. **9-30-53**

REGISTRAR'S SIGNATURE **A. G. Campbell M.D.M.C.**

251-0 (Licensed Embalmer's Statement on Reverse Side)

APR 8 1954

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.....
Signature of Student Embalmer

Signed.....
K.P.M. Crary

Licensed Embalmer No. *31503*

P. O. Address *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.