

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43406

State File No.

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If rural, give location) 514 S. Elliott	

3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Elmo c. (Last) Botkin			4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH June 8, 1885	
				9. AGE (In years last birthday) 68	
				11. BIRTHPLACE (State or foreign country) Salem, Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Wm. H. Chester		13b. MOTHER'S MAIDEN NAME Eliza E. Wallite		14. NAME OF HUSBAND OR WIFE John Chester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 493-20-5134		17. INFORMANT'S SIGNATURE OR NAME John Chester ADDRESS Webb City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombus		INTERVAL BETWEEN ONSET AND DEATH 28 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphyema			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis			

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		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 12-3-, 1953, to 12-24-, 1953, that I last saw the deceased alive on 12-24-, 1953, and that death occurred at 7:35 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Johnston		23b. ADDRESS D.O. 106 S. Main St. Webb City, Mo.		23c. DATE SIGNED 12-26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-53		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery Carterville, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson		ADDRESS Mortuary Webb City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0492
0

0492
0

RECEIVED JAN 4 1954

Jasper County Health Office

County File Number

54-1-1

Date Filed

JAN 4 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
Student Embalmer

Signed

Harvey E. Lane

Licensed Embalmer No.

4463

P. O. Address

WPA Co. Md

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.