

STANDARD CERTIFICATE OF DEATH

State File No. **1220**
 Registrar's No. **235**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 East Armour | | e. STREET ADDRESS (If rural, give location) 1220 East Armour | |

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| 3. NAME OF DECEASED a. (First) Elizabeth b. (Middle) Stella c. (Last) Botham | | | 4. DATE OF DEATH (Month) (Day) (Year) January 15, 1954 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | 8. DATE OF BIRTH Feb, 21, 1886 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 10 YEARS Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchboard Operator | | 10b. KIND OF BUSINESS OR INDUSTRY ARMOR PLAZA APTS | | 11. BIRTHPLACE (City and State or Foreign Country) Maywood, Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Andrew Cole | 13b. MOTHER'S MAIDEN NAME Fredonia Irington | 14. NAME OF HUSBAND OR WIFE George Botham |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No | 16. SOCIAL SECURITY NO. 490-30-4315 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elise Leach, Shawnee, Kansas |
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| 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. | | INTERVAL BETWEEN ONSET AND DEATH Sudden | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion | | ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis gradual Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 4201 | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 19b. MAJOR FINDINGS OF OPERATION Previous history of heart trouble Acute cholecystitis and Cholecystectomy June 1950 | |
| 19a. DATE OF OPERATION June 1951 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE | 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) | 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 Nov 17, 1947, to Jan 15, 1954, that I last saw the deceased alive on Dec 7, 1953, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Carl R. Ferris (Degree or Title) MD | 23b. ADDRESS 934 Regatta Bldg Kansas City Mo. | 23c. DATE SIGNED Jan 16 1954 |
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| 24a. BURIAL CREMATION (Specify) BURIAL | 24b. DATE JAN 18 1954 | 24c. NAME OF CEMETERY OR CREMATORY SHAWNEE CEMETERY | 24d. LOCATION (City, town, or county) (State) SHAWNEE KANSAS |
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| DATE REC'D BY LOCAL REG 1-16-54 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomers Sons Kansas City Mo. |
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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

Robert M. Boyer

Licensed Embalmer No.

4892

P. O. Address

K.C. 10, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.