

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38153

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>4366</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Granby</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>		d. STREET ADDRESS (If rural, give location) <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kimbrough Rest Home</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u>			b. (Middle)			c. (Last) <u>Botts</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-20-50</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unk</u>	
8. DATE OF BIRTH <u>unk</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Newtonia</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>unk</u>	
13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>Kimbrough Rest Home</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles O. Chastain</u>		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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis (gangrene)</u>		19. MEDICAL CERTIFICATION Antecedent Causes DUE TO (b) <u>Arterial occlusion left arm</u> DUE TO (c) <u>Artrio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION		21. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		22. INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19. MEDICAL CERTIFICATION		20. AUTOPSY?		21. INTERVAL BETWEEN ONSET AND DEATH <u>over 6 months</u>		22. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>		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)		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>Oct. 14</u> , 19 <u>54</u> , to <u>Oct. 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct. 19</u> , 19 <u>54</u> , and that death occurred at <u>6 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles O. Chastain</u>				23b. ADDRESS <u>D.O. Box 97, Granby, Mo.</u>		23c. DATE SIGNED <u>11/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Granby, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 12, 1954</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. E. Stewart</u>		ADDRESS <u>Granby, Mo</u>	

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

RECEIVED

District Health Officer No. _____

District File Number 1154-229

Date Filed NOV 20 1954

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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

F. E. Skowronek Jr.

Licensed Embalmer No. 4923

Box 58
P. O. Address Granby, 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.