

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

State File No.

42204

10989

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 Wks.		c. CITY OR TOWN Centerville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Bap. Hosp.				STREET ADDRESS (If rural, give location) 0900			
3. NAME OF DECEASED (Type or Print) a. (First) Sidney		b. (Middle) O.		c. (Last) Botkin		4. DATE OF DEATH (Month) (Day) (Year) 12-1-54	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 4 1892	
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Centerville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Amos M. Botkin		13b. MOTHER'S MAIDEN NAME Lucy M. Weible		14. NAME OF HUSBAND OR WIFE Celeste Botkin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. nk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Celeste Botkin Centerville Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pulmonary embolism ANTECEDENT CAUSES DUE TO (b) Abscess Right Thigh DUE TO (c) Diabetes Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Neurotrophic Ints lower extremities				INTERVAL BETWEEN ONSET AND DEATH 4 days 2 weeks 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X			
22. I hereby certify that I attended the deceased from 9-20-53 , 19____, to 12-1-54 , 19____, that I last saw the deceased alive on 12-1-54 , 19____, and that death occurred at 8:00PM m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John J. Kennedy M.D.		23b. ADDRESS 8733 Riverview (21)		23c. DATE SIGNED 12-2-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-2-54		24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Ironton Mo.	
DATE REC'D BY LOCAL REG. DEC 2 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Hoppe 4704 Washington Ave.			

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

John J. Haines

Licensed Embalmer No. *410*

P. O. Address *Haines*

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.