

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21271

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 788

1. PLACE OF DEATH a. COUNTY Buchanan 0110		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan 0110	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Washington Twnsp		c. LENGTH OF STAY (In this place) Lifetime	c. CITY OR TOWN St. Joseph
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R F D # 1. St. Joseph, Mo.		• STREET ADDRESS (If rural, give location) R #1. 3 Miles E. of St. Joseph, Mo.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) James	b. (Middle) Franklin	c. (Last) Bottorff	July	30	1955
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 18, 1944	9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo. <input checked="" type="checkbox"/>		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Merwyn Bottorff	13b. MOTHER'S MAIDEN NAME Datha Wright	14. NAME OF HUSBAND OR WIFE - None <input checked="" type="checkbox"/>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Merwyn Bottorff R#1 St. Joseph, 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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocution</u>	DUPLICATE (b) <u>9140</u>		<u>sudden</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE (c) <u>Boy was electrocuted after taking a shower bath in the basement of his home</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>"Real" St. Joseph Buchanan Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 30 - 1950. 9:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Contacted live electric wire</u>

22. I hereby certify that I examined the deceased from on 7/30, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Mundy (Coroner) M.D.</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>St. Joseph Mo.</u>	23c. DATE SIGNED <u>7/31/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 2, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Near - Union Star, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Aug 4, 1955</u>	REGISTRAR'S SIGNATURE <u>Cathryn M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick J. Fleeman</u> ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.

P. O. Address

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.