FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19600

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 647

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Buchanan | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Buchanan |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes ☑ No ☐ | c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes ☑ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1307 Jule St. — Length of stay in lb 28 yrs | d. STREET ADDRESS (If outside, give location) 1307 Jule St. — Reside on Farm Yes ☐ No ☑ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: CHARLES | Middle: HENRY | Last: BOTKIN | 4. DATE OF DEATH | Month: June Day: 9 Year: 1956 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH: Dec. 14, 1873 | 9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant | 10b. KIND OF BUSINESS OR INDUSTRY: Mercantile | 11. BIRTHPLACE (City and state or country): Decator Illinois | 12. CITIZEN OF WHAT COUNTRY? U S A | | |
| 13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: Not known | 17. INFORMANT: Mrs Ralph Bach | Address: St. Joseph, Mo. | | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Signed as an unattended death in

DUE TO (c) the city of St. Joseph

INTERVAL BETWEEN ONSET AND DEATH: appx 1 hr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I ~~attended~~ viewed the deceased from 6-9-56, to _____ and ~~last saw~~ haven't ever seen him alive on _____

Death occurred at 3:20P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L Maguire M.D. assistant city Health office

22b. ADDRESS: Physician & Hay Bldg 216

22c. DATE SIGNED: June 9, 1956

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Removal | 23b. DATE: 6-10-56 | 23c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery | 23d. LOCATION (City, town, or county): Albany (State): Missouri |
| 24. FUNERAL DIRECTOR: Stamey Funeral Home | ADDRESS: St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG.: June 15, 1956 | 26. REGISTRAR'S SIGNATURE: Esther M. Allison |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Roy Sta

Licensed Embalmer No. 24

P. O. Address St. Jose

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.