

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30863
STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 967

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 So. 10th St.			Length of stay in 1b Most Life		d. STREET ADDRESS (If outside, give location) 2017 Dewey Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First MIDDLE LAST WILLIAM HENRY BOTKIN SR.				4. DATE OF DEATH Month Day Year Sept. 3 1957								
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 22, 1865		9. AGE (In years last birthday) 92		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY State Highway Dept		11. BIRTHPLACE (City and state or country) Paris, Missouri			12. CITIZEN OF WHAT COUNTRY? U S A				
13a. FATHER'S NAME Not known			13b. MOTHER'S MAIDEN NAME Not known			14. NAME OF HUSBAND OR WIFE Mrs. Mary E. Botkin						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Mary E. Botkin			Address St. Joseph, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis DUE TO (b) Generalized Arteriosclerosis DUE TO (c) General debility and senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. 4201								INTERVAL BETWEEN ONSET AND DEATH 1 day unknown 3 yrs				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			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 the deceased from June 2 - 1954, to Sept 2, 1957 and last saw him alive on Sept 2nd 1957. Death occurred at 10:00A m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) H J Mundy M.D.						22b. ADDRESS St Joseph Mo			22c. DATE SIGNED 9/4/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 9-5-57		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery			23d. LOCATION (City, town, or county) St. Joseph Missouri				
24. FUNERAL DIRECTOR Stamey Funeral Home St. Joseph, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Sept 9, 1957		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton				
(Licensed Embalmer's Statement on Reverse Side)												

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles E. Bennett*

Licensed Embalmer No. *14673*
P. O. Address *St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.