

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008586

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CADWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CADWELL</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRECKENRIDGE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>BRECKENRIDGE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>EUGENE</u> First <u>S</u> Middle <u>BOTHWELL</u> Last			4. DATE OF DEATH Month <u>MARCH</u> Day <u>2</u> Year <u>1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 2 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>BRECKENRIDGE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JAMES B. BOTHWELL</u>		14. MOTHER'S MAIDEN NAME <u>NELL SHORT</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.	17. INFORMANT Address <u>MRS. GUSTA BOTHWELL BRECKENRIDGE</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pulmonary Congestion</u> DUE TO (c) <u>Congestive Heart Failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. (a) <u>Terminal Chronic Myeloid Leukemia, aplastic anemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> <u>5 hr</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		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.) <u>4341H</u>		20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u></u> STATE <u></u>
21. I attended the deceased from <u>9/20/58</u> to <u>2/2/59</u> and last saw him alive on <u>2/2/59</u> Death occurred at <u>9/8/58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Shoosbough DO</u> 2		22b. ADDRESS <u>Breckenridge MO</u>	22c. DATE SIGNED <u>3/2/59</u>
23a. BURIAL PLACE (Specify)	23b. DATE <u>3/4/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>	23d. LOCATION (City, town, or county) (Sign) <u>BRECKENRIDGE MO</u>
24. FUNERAL DIRECTOR <u>HEAD PITTS</u>		ADDRESS <u>BRASHER, MO</u>	25. DATE RECD. BY LOCAL REG. <u>3-14-59</u>
26. REGISTRAR'S SIGNATURE <u>Dr. S. C. ...</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

with, if necessary, to certify to a death due to natural causes. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 JOHN W. PITTS....., Student Embalmer No. 56  
working under my personal supervision..

Student John W. Pitts  
Signature of Student Embalmer

Signed Gerrard F. Mead

Licensed Embalmer No. 28

P. O. Address Raymond

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.