

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043995

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 394
FILED JAN 8 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | |
|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | Length of stay in 1b <u>1 day</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> | | c. CITY OR TOWN <u>Boss</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chas E Stiel</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>R F D</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Otto Lee</u> Middle <u>Botkins</u> Last | | | 4. DATE OF DEATH Month <u>Dec</u> Day <u>27</u> Year <u>1961</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</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>3-6-88</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 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 <u>x</u> | | 11. BIRTHPLACE (City and state or country) <u>Reynolds Co Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>James Botkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Weible</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Dorothy Botkins</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. <u>x</u> | |
| 17. INFORMANT <u>Hoyt Botkins</u> | | Address <u>Salem Mo</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>obstruction of rt. lung</u> DUE TO (b) <u>carcinoma of rt. bronchus</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arteriosclerotic cardiovascular dis</u> | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 <u>11:30 a.m.</u> Month, Day, Year | | 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 | STATE |
| 21. I attended the deceased from <u>DEC. 26, 1961</u> to <u>DEC. 27, 1961</u> and last saw ^{her} him alive on <u>DEC. 27, 1961</u> Death occurred at <u>11:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>J E Duffen Do</u> (Degree or title) | | | 22b. ADDRESS <u>420 E High - Jefferson City</u> | | 22c. DATE SIGNED <u>12-27-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>12-30-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Boss Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Dent County Mo</u> |
| 24. FUNERAL DIRECTOR <u>Spencer Funeral Home Inc</u> | | ADDRESS <u>SALEM MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>3 January 1962</u> | 26. REGISTRAR'S SIGNATURE <u>R P Davis MD - Richter</u> |

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 Carl H. Spitzer

Licensed Embalmer No. 937E

P. O. Address Salisbury

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.