

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015049

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 56

FILED APR 30 1962

1. PLACE OF DEATH

a. COUNTY Iron

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ironton

Length of stay in lb
2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Marys Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Raynolds

c. CITY OR TOWN Centerville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Jim

Bluet

Botkin

April

13

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married

☒ Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

8-17-1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sawmill

10b. KIND OF BUSINESS OR INDUSTRY
Timber

11. BIRTHPLACE (City and state or country)
Centerville, Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

James Botkin

13b. MOTHER'S MAIDEN NAME

Lucy Weible

14. NAME OF HUSBAND OR WIFE

Louise Botkin

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.

48638-2186

17. INFORMANT

Louise Botkin, Centerville, 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)

Cerebral apoplexy

INTERVAL BETWEEN ONSET AND DEATH

3 days

DUE TO (b)

Atherosclerosis, general

8 years

DUE TO (c)

Myocardial disease, Chronic

11 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bronchial asthma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

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 the deceased from 11-29-54 to 4-13-62 and last saw him alive on 4-13-62

Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Bruce Bull, M.D.

22b. ADDRESS

Ironton Mo

22c. DATE SIGNED

4-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-15-62

23c. NAME OF CEMETERY OR CREMATORY

Centerville City

23d. LOCATION (City, town, or county)

Centerville Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bewitt Funeral Home, Ellington, Mo

25. DATE RECD. BY LOCAL REG.

4-15-62

26. REGISTRAR'S SIGNATURE

Mrs. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10470

209002

3

4 0

5 1

6

7 0

8 2

94221

10

11

12 1-0

13 1-0

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 Chas S. Smith

Licensed Embalmer No. 4574

P. O. Address Ellington, 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.