

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **989**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Henry 01204		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits write RURAL and give township) Windsor		c. LENGTH OF STAY (in this place) 5 years	c. CITY OR TOWN Windsor
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Convalescent Home		e. STREET ADDRESS (If rural, give location) 303 E. Benton St	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) MINOR c. (Last) BOTTS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 6, 1872	9. AGE (In years) (Last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME William Botts	13b. MOTHER'S MAIDEN NAME Emily Carrington	14. NAME OF HUSBAND OR WIFE Margaret Sutherland Botts
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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'S SIGNATURE OR NAME Kenneth Botts	ADDRESS Windsor, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION COLIX	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 10, 1954** to **Jan 15, 1955**, that I last saw the deceased alive on **Jan 15, 1955**, and that death occurred at **6:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold M.D.	23b. ADDRESS Windsor	23c. DATE SIGNED 1-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-21-55	24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	24d. LOCATION (City, town, or county) (State) Windsor, Missouri
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DATE REC'D BY LOCAL REG. Jan. 22-55	REGISTRAR'S SIGNATURE Florence Adair	422	25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner	ADDRESS Windsor, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955

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 *William M. Turner*

Licensed Embalmer No. *464*

P. O. Address *Hindler*
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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.