

S. No. 2  
M-8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10031

State File No. \_\_\_\_\_  
Registrar's No. 39

Registration District No. 187 Primary Registration District No. 3046

19  
1  
2  
8957  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Chillicothe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Chillicothe Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 wks.  
(Specify whether  
In this community 20 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Linn 59  
(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL")  
(d) Street No. Leiper Hotel  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ulyses Evans Sidebottom  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 10  
year 1946 hour 5 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Jan 1 - 1945  
1945, to Mar 10, 1946  
that I last saw him alive on Mar - 10, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Luey Sidebottom  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 21 1855  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Embolism Duration 36 hours  
Due to unknown or could be had had heart block for 15 months  
Due to unknown

8. AGE: Years 90 Months 10 Days 19  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Mason Co. Kentucky  
(City, town, or county) (State or foreign country)  
10. Usual occupation Banker  
11. Industry or business \_\_\_\_\_  
12. Name Robinson E. Sidebottom  
13. Birthplace Unknown (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)While at work? (e) Means of injury \_\_\_\_\_

16. (a) Informant Mr. Seth Sidebottom  
(b) Address Meadville, Mo.  
17. (a) Burial (b) Date thereof 3/13/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: Burial or cremation Meadville, Mo.  
18. (a) Signature of funeral director Donall F. Jordan  
(b) Address Chillicothe, Missouri  
19. (a) March - 12 - 46 (b) Frances B. Neill  
(Date received local registrar) (Registrar's signature)

23. Signature Emphrag (M. D. or other)  
Address Chillicothe, Mo. Date signed 3/13/46

MAY 29 1946

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ronald P. Gordon

Licensed Embalmer No. 4181

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.**