

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11863

State File No.

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BIRTH NO. REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	
c. LENGTH OF STAY (in this place)		25 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>W 3rd St</u>	
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3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rose</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Botsford</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>5-1-49</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 19, 1865</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
		<u>Widowed</u>						

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John R Seaman</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Walkup</u>	14. NAME OF HUSBAND OR WIFE <u>2d Botsford</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, no. or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cameron Community Hosp</u>	ADDRESS <u>Cameron Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>8:30-7</u> <u>48</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured hip</u> DUE TO (c) <u>old age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>5-1-49</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Fractured hip</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cameron Hosp</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cameron Clinton MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 20 1969 6p</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patent accidentally fell from bed</u>
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22. I hereby certify that I attended the deceased from 4-15-49, 1949, to 5-1-, 1949, that I last saw the deceased alive on 5-1-49, 1949, and that death occurred at 11:10 AM, from the causes and on the date stated above.

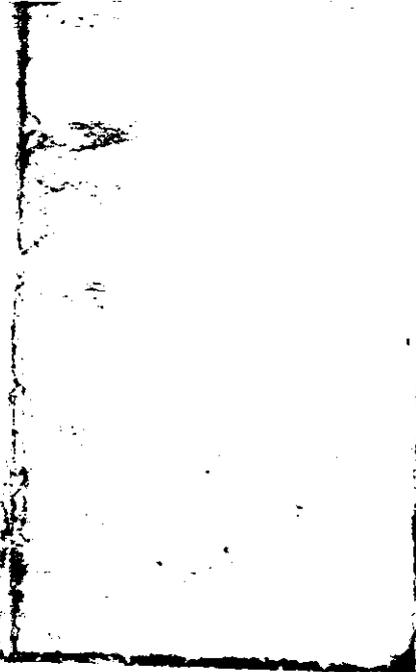
23a. SIGNATURE <u>W. M. Miller MD</u> (Degree or title)	23b. ADDRESS <u>Cameron MO</u>	23c. DATE SIGNED <u>5-2-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paekard</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron MO</u>
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DATE REC'D BY LOCAL REG. <u>5-5-49</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palant Funeral Home</u>	ADDRESS <u>Cameron</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



2018

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. 318

working under my personal supervision.

Student Robert F. Polaud
Student Embalmer

Signed George A. Leavelle

Licensed Embalmer No. 4425

P. O. Address 224 West 4th

Camden, 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.