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FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24619
State File No.
6816
Registrar's No.

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 2324 Pine Street			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Stella	b. (Middle)	c. (Last) Botts	(Month) Aug.	(Day) 2	(Year) 1949

5. SEX female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1906	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 24 HRS. Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Helena, Ark		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Allen Harris		13b. MOTHER'S MAIDEN NAME Mary Mayfield		14. NAME OF HUSBAND OR WIFE Matthew Botts	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Matthew Botts 2324 Pine Street			
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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 Undet.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism					
ANTECEDENT CAUSES	DUE TO (b) Undetermined				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. None				

19a. DATE OF OPERATION	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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 111			
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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? 332X			
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22. I hereby certify that I attended the deceased from **8-1**, 19 **49**, to **8-2**, 19 **49**, that I last saw the deceased alive on **8-2**, 19 **49**, and that death occurred at **8:30a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles W. Leven M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 8-2-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removed	24b. DATE Aug. 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion, Festus, Mo.	24d. LOCATION (City, town, or county) (State) Festus, Mo.		
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DATE REC'D BY LOCAL REG. AUG 5 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole Street			
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1932

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
Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No. _____

3489

P. O. Address _____

4575 Ald

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.