

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 26 1950 STANDARD CERTIFICATE OF DEATH

State File No. 27137
3418
Registrar's No. 3418

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarcoxie	
c. LENGTH OF STAY (In this place) Approx. 10		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hosp.			

3. NAME OF DECEASED a. (First) Bobby		b. (Middle) Gene		c. (Last) STOTTS		4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1950	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 23, 1927		9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Month 8 Days 16		IF UNDER 24 HRS. Hours 0 Min. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Missouri Univ.		11. BIRTHPLACE (State or foreign country) Sarcoxie Missouri				12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME H. F. Stotts		13b. MOTHER'S MAIDEN NAME Opal Clark		14. NAME OF HUSBAND OR WIFE Betty Jo Stotts			
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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) Yes WW II		16. SOCIAL SECURITY NO. 493-26-0191		17. INFORMANT'S SIGNATURE OR NAME Betty Jo Stotts, Sarcoxie, Mo.				ADDRESS	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Captured splenic laceration						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Highly massive hemorrhage - Patechial						E.g. 26	
		DUE TO (c) Remarriage from							
		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 collision of car and a truck				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Higginsville, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (Highway Accident) Wiggum Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-8-50 3		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Trauma	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens, Coroner		23b. ADDRESS 1034 Patton Blvd		23c. DATE SIGNED 8-9-50	
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24a. BURIAL CREMATION REMOVAL (Specify) REMOVAL		24b. DATE 8-9-50		24c. NAME OF CEMETERY OR CREMATORY Sarcoxie, Missouri		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 8-9-50		REGISTRAR'S SIGNATURE Geraldine Talmer		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, K.C., Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 25 1950

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.....

JAMES P. MCGILLEY JR

working under my personal supervision.

Student Embalmer No. 366.....

Signature of Student Embalmer: James P. McGilley Jr.
Student Embalmer

Signed: [Signature]
Licensed Embalmer No. 5799.....

Licensed Embalmer No. 5799.....

P. O. Address: KC.....

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.