

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5566

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 52

1. PLACE OF DEATH a. CITY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>0804</u> OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1203 E. 14</u>		d. STREET ADDRESS (If rural, give location) <u>1203 E. 14</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Bottcher</u> c. (Last) <u>Bottcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 7, 1864</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>8</u>	11. DAYS <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Morgan Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Michael Bottcher</u>	
13b. MOTHER'S MAIDEN NAME <u>Carolina Shields</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Bottcher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.F. Bottcher</u> ADDRESS <u>-1203 E. 14 R</u>
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.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 - HR.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FRACTURE HIP.</u> DUE TO (c) <u>SENILITY.</u>			<u>36 HRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>89040</u> <u>21</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>132</u>	
22. I hereby certify that I attended the deceased from <u>9-28</u> <u>1948</u> , to <u>2-13</u> , <u>1951</u> , that I last saw the deceased alive on <u>2-13</u> , <u>1951</u> , and that death occurred at <u>4:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. W. Maunders</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>2/14/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Florence</u>	24d. LOCATION (City, town, or county) (State) <u>Florence, Mo</u>
DATE REC'D BY LOCAL REG. <u>2-15-51</u>	REGISTRAR'S SIGNATURE <u>W.F. Campbell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. Laughlin Bros</u> ADDRESS <u>519 So Ohio</u>	

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

RECEIVED 2-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-20-51

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student _____
Student Embalmer

Signed *J. M. Casey*

Licensed Embalmer No. 3153

P. O. Address *Delaware 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.