

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4862  
748

FILED MAR 8 1952		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 748	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 6 YEARS		c. CITY OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 6425 MAIN Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) AUGUSTA b. (Middle) V. c. (Last) BOTKIN			4. DATE OF DEATH (Month) (Day) (Year) FEB 16-1952				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 4-1873		9. AGE (In years last birthday) 78	10. F UNDER 1 YEAR Months	11. F UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LEAVEN WORTH, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME FRED HULSTUTTER		13b. MOTHER'S MAIDEN NAME AMELIA ERDBRINCK		14. NAME OF HUSBAND OR WIFE SAMUEL D. BOTKIN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. OMAR D. SCOTT 6425 MAIN K.C. MO			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, Femur, Right, Capital INTERVAL BETWEEN ONSET AND DEATH 6 mos ANTECEDENT CAUSES DUE TO (b) Arterial-Sclerotic Heart D. years- DUE TO (c) Auricular Fibrillation 3-4 mos 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 123 29035 14					
19a. DATE OF OPERATION Aug 27 1951 and Feb 7 1952		19b. MAJOR FINDINGS OF OPERATION "Broken Hip"				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 26 1951 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall on street			
22. I hereby certify that I attended the deceased from Aug 27, 1951, to Feb 16, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 12:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Garret Pipkin (Degree or title) M.D.				23b. ADDRESS 310 Argyle Bldg		23c. DATE SIGNED Feb 17, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE FEB-18-1952	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo		
DATE REC'D BY LOCAL REG. 2-18-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer Sons Kan City Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

**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. ....

Signed *John R. Sidman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, 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.