

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19422**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 653

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>5 1/2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>622 So. 22nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>622 So. 22nd St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James Abraham</u>	b. (Middle) <u>Garfield</u>	c. (Last) <u>Botts</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>6 20 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10 10 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 45 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Auto Greaser</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Packing Plant</u>	11. BIRTHPLACE (State or foreign country) <u>Wathena Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Andrew Botts</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Howerton</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Carrie Botts</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-05-8400</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carrie Botts</u>	ADDRESS <u>622 So. 22nd St.</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>26 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart dis.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio scl. gen.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Bronch asthma.</u>		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2/27, 1952, to 6/20, 1952, that I last saw the deceased alive on 6/18, 1952, and that death occurred at 1:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stanley Hailigan</u>	23b. ADDRESS <u>620 Francis St.</u>	23c. DATE SIGNED <u>6/23/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6 26 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefont Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wathena Kansas</u>
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DATE REC'D BY LOCAL REG. <u>JUNE 25, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casutt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Heffernan</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.