

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24850**

FILED AUG 12 1952

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **124**

1. PLACE OF DEATH a. COUNTY Jasper		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) Webb City,	c. LENGTH OF STAY (in this place) 42 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Webb City, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 N. Penn		d. STREET ADDRESS (If rural, give location) 712 N. Penn St.	

3. NAME OF DECEASED a. (First) George b. (Middle) F. c. (Last) Botticher			4. DATE OF DEATH (Month) (Day) (Year) Aug. 1 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 1 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machinist	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A

13a. FATHER'S NAME J. Lewis Botticher	13b. MOTHER'S MAIDEN NAME Mary Botticher	14. NAME OF HUSBAND OR WIFE Mary Botticher
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 498-28-5359	17. INFORMANT'S SIGNATURE OR NAME Mary Botticher	ADDRESS Webb City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH		INTERVAL BETWEEN ONSET AND DEATH UNK
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 151X	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-3**, 1952, to **8-1**, 1952, that I last saw the deceased alive on **7-31**, 1952, and that death occurred at **2:45 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE D. D. Dugan	(Degree or title) md.	23b. ADDRESS Jasper Co. Health Dept. Webb City	23c. DATE SIGNED 8/5/52
--------------------------------------	------------------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 8-5-52	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Bruce - Simpson Mortuary	ADDRESS Webb City, Mo
---	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

492
1

RECEIVED 8-11-52
Jasper County Health Office

County File Number 52/3/631
Date Filed 8-11-52

SEP 9 1952

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 Harvey E. Cruise

Licensed Embalmer No. 4463

P. O. Address W. W. 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.