

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 193

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 65		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH - OF STAY (in this place) 41 yrs		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1903 Savannah Avenue				e. STREET ADDRESS (If rural, give location) 1903 Savannah Avenue				
3. NAME OF DECEASED (Type or Print) FRANK			a. (First)		b. (Middle) ELNATHAN		c. (Last) BOTSFORD	
4. DATE OF DEATH		(Month) Jan.		(Day) 14		(Year) 1955		
5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 2, 1879		
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Car Foreman		10b. KIND OF BUSINESS OR INDUSTRY C.G.W.R.R.		11. BIRTHPLACE (City and State or Foreign Country) New Cambria, Missouri		
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Miles Botsford		13b. MOTHER'S MAIDEN NAME Nancy E. Rucker		14. NAME OF HUSBAND OR WIFE Gertrude Botsford		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 708-10-2289		17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Botsford				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute bacterial endocarditis		DUE TO (b) Pneumonitis - asplenic - and toxic myocarditis, + anemia				2 months		
*This does not mean the mode of dying, such as heart failure, asplenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Terminal acute stomatitis & glossitis				2 months		
II. OTHER SIGNIFICANT CONDITIONS		decubitus ulcer, sacrum				2 months		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				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) m.		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 11-14, 1954, to 1-14, 1955, that I last saw the deceased alive on 1-9, 1955, and that death occurred at 7:55 a. m., from the causes and on the date stated above.								
23a. SIGNATURE Thompson E. Potter, M.D.O. (Degree or title)				23b. ADDRESS 731 FARNSWORTH ST. JOSEPH, MO.		23c. DATE SIGNED 1-14-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri		
DATE REC'D BY LOCAL REG. Jan 24, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home		ADDRESS St. Joseph, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *4622*

P. O. Address *St. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.