

FILED JUN 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY OR TOWN <b>North Kansas City</b>	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 <b>K.C. General Hosp #1</b>		STREET ADDRESS (If rural, give location) <b>2011 Erie</b>	

3. NAME OF DECEASED (Type or Print) <b>HILTON BOTKINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 14 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Dec 20, 1915</b>	9. AGE (In years last birthday) <b>39</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b>24</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>C. B. &amp; Q Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Bert F. Botkins</b>	13b. MOTHER'S MAIDEN NAME <b>Pauline Quisenberry</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>W. W. II</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>B. F. Botkins, Moberly, Missouri</b>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Shock &amp; Hemorrhage</b>	DOE TO (b) <b>Fractured Ribs Ruptured Spleen</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>E 81104 216</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, bldg., etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City north Clay mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-14-55</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>No work Car Collision</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Carrner</b>	23b. ADDRESS <b>1034 Pinalto Bldg</b>	23c. DATE SIGNED <b>5-14-55</b>
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24a. BURIAL CREMATION (Specify) <b>Burial</b>	24b. DATE <b>May 17, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Madison, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-17-55 new</b>	REGISTRAR'S SIGNATURE <b>new</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Marshall</b>	ADDRESS <b>Madison, Mo.</b>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

VS  
AUG 2 3 1961

MAY 22 1956

JUN 3 1955

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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.....  
Signature of Student Embalmer

Signed *Orta B. Lapetina*

Licensed Embalmer No. 477

P. O. Address *CC 24*

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.