No. 300
10.48

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17995

BIRTH NO. _____ REG. DIST. - NO. 59 PRIMARY REG. DIST. NO. 5221 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City - Rural - Dayton Twp.
c. LENGTH OF STAY (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City - Rural - Dayton Twp.
d. STREET ADDRESS (If rural, give location): 6 1/2 Miles - South West

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Ellis c. (Last) Bottom

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8 - 1881

9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Prairie Home, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: L. M. Bottom

13b. MOTHER'S MAIDEN NAME: Ella Nora Scott

14. NAME OF HUSBAND OR WIFE: Annie M. Bottom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Annie M. Bottom, Garden 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — 2
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cirrhosis of Liver — 2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 1201

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30, 1955, *to* 4/6, 1955, *that I last saw the deceased alive on* 4/6, 1955, *and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leburn Ellis, M.D.

23b. ADDRESS: Garden City, Mo

23c. DATE SIGNED: 7/3/55

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Removal

24b. DATE: July 6 - 1955

24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery

24d. LOCATION (City, town, or county) (State): Boonville, Missouri

DATE REC'D BY LOCAL REG.: July 6, 1955

REGISTRAR'S SIGNATURE: Dora Barnard

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Atkinson & Illsley - Garden City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

0190 1

RECEIVED

JUL 11 1955

[illegible] COUNTY

HEALTH DEPARTMENT

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 Billy J. Hicky

Licensed Embalmer No. 4685

P. O. Address Garden 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.