

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6187

State File No.

1329

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1wk		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.				e. STREET ADDRESS (If rural, give location) 4633 Lindell Boulevard				
3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) M. c. (Last) Bottorff			4. DATE OF DEATH 2 - 5 - 1956					
5. SEX Fem		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 2 - 26 - 1870		
9. AGE (In years last birthday) 85		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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) / Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas A. Bottorff			13b. MOTHER'S MAIDEN NAME Olive unknown			14. NAME OF HUSBAND OR WIFE _____		
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. none		17. INFORMANT'S SIGNATURE OR NAME O. B. Bottorff			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis (Suppression of urine)				INTERVAL BETWEEN ONSET AND DEATH 4 Days 2 Weeks	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION 420.0			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) (Min.) _____			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 1-24-1956 , to 2-5-1956 , that I last saw the deceased alive on 2-5-1956 , and that death occurred at 8:45 Am. , from the causes and on the date stated above.								
23a. SIGNATURE Lugh Haynes (Degree or title) MD				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 2-7-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/7/56		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
DATE REC'D BY LOCAL REG. FEB 7 1956			REGISTRAR'S SIGNATURE J. Cash Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. P. Haynes
3720 Washington

2 - 5 Mon. & Tue

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 *Warren A. Carver*.....

Licensed Embalmer No. *353*.....

P. O. Address

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.