Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33860
STATE FILE NUMBER

FILED NOV 15 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4647

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V. A. HOSPITAL — Length of stay in 1b: 10 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PETTIS
c. CITY OR TOWN: SEDALIA 0804 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1002 SOUTH MONROE — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: HERBERT Middle: WILLIAM Last: BOTTCHER

4. DATE OF DEATH Month: October Day: 25 Year: 1956

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 10-6-15 **9. AGE** (In years last birthday): 41 — 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): Packing house worker
10b. KIND OF BUSINESS OR INDUSTRY: Chicken packing House
11. BIRTHPLACE (City and state or country): Florence, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Henry Bottcher
14. MOTHER'S MAIDEN NAME: Emma Strecker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 494-20-7713
17. INFORMANT Address: Official VA Hospital, Records, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary thrombosis — 8 months
DUE TO (c): Arteriosclerotic heart disease — 4 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I/VA attended the deceased from October 15, 1956 to October 25, 1956 and last saw him on the date stated above.
Death occurred at 3:05 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert T. Ravenscroft M.D.
Herbert T. Ravenscroft M.D.
22b. ADDRESS VA Hospital 4801 Linwood Blvd. Kansas City,
22c. DATE SIGNED Mo. 10-26-56

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: Oct. 26 1956
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): SEDALIA MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — **ADDRESS**: 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 10-27-56
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., student Embalmer No. .....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Pollie Kessel

Licensed Embalmer No. 469

P. O. Address K.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.