

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009818
STATE FILE NUMBER
1072

FILED MAR 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1072

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1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Belton</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V.A. Hospital</u>	Length of stay in lb <u>14</u> days	d. STREET ADDRESS (If outside, give location) <u>712 Belton Ave</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES Albert BOTTUM</u>	4. DATE OF DEATH Month Day Year <u>2nd 26th 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-13-951896</u>	9. AGE (In years last birthday) <u>61</u> yrs	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Woodworker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet</u>	11. BIRTHPLACE (City, and state or country) <u>St Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Albert E. Bottum</u>	13b. MOTHER'S MAIDEN NAME <u>Bellebernita Donner</u>	14. NAME OF HUSBAND OR WIFE <u>Lottie B. Bottum</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT Address <u>V.A. Hospital Records, K.C., Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) <u>Primary</u> DUE TO (c) <u>Bronchogenic carcinoma of the lung, right upper lobe, with metastases to vertebra and liver.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>16 2/1</u>
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>/</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. attended the deceased from <u>February 12, 1958</u> to <u>February 26, 1958</u> Death occurred at <u>9:15 p m</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>ROBERT FLINNER, M.D.</u> <u>Robert Flinner</u>	22b. ADDRESS <u>MD V.A. Hospital, K.C., Mo</u>	22c. DATE SIGNED <u>2-26-58</u>
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23a. DATE OF REMOVAL (Specify) <u>3-1-58</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem.</u>	23c. LOCATION (City, town, or county) (State) <u>Kans City Kans</u>
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24. FUNERAL DIRECTOR <u>Dw Newman Sons</u>	25. DATE RECD. BY LOCAL REG. <u>2-28-58</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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 *James T. Dewar*

Licensed Embalmer No. *4453*

P. O. Address *Haverhill, Ct*

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.