

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013277

STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 458

300

1-57

0

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in 1b 1 day	d. STREET ADDRESS 805 W. 87th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First THOMAS Middle E. Last BOTTENBERG			4. DATE OF DEATH April 28, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1886 April 23, 1886		9. AGE (In years last birthday) 62 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. salesman		10b. KIND OF BUSINESS OR INDUSTRY Box Company		11. BIRTHPLACE (City and state or country) Jackson County, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Bottenberg		13b. MOTHER'S MAIDEN NAME Adaliage Leighty		14. NAME OF HUSBAND OR WIFE Madge	
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.		17. INFORMANT Address: Kansas City, Mo. Mrs. T. Bottenberg, 805 W. 87th, Terrace	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) Hypercholesterolemia					331X
DUE TO (c) Coronary Disease					over 1 yr
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
21. I attended the deceased from Death occurred at 4/27/58 to 4/28/58 and last saw him alive on 4/28/58 8:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Clifton South (Degree or title)		22b. ADDRESS St. Joseph Mo		22c. DATE SIGNED 4/28/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4/28/1958		23c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo.	
24. FUNERAL DIRECTOR Heaton-Bouman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. April 28, 1958		26. REGISTRAR'S SIGNATURE Mrs. Clark Handell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by
Affidavit 5/9/58
26158

1958

JUL 25 1958

MAY 27 1958

Dr. O'Brien
1/15/58
157 West

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 *Eugene Wood*

Licensed Embalmer No. *3824*
P. O. Address *342 10th St*

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.