

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037150
STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 49

S. 300
v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Miller			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Eldon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Franklin Twns.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Franklin Twns.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM KELLY BOTTOMS			4. DATE OF DEATH Month Day Year Sept. 18, 1958		
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) Ret. Civil Service		10b. KIND OF BUSINESS OR INDUSTRY River Eng.		11. BIRTHPLACE (City and state or country) Newburg, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Bottoms		13b. MOTHER'S MAIDEN NAME Sally Ann Allen	
14. NAME OF HUSBAND OR WIFE Elsie W. Bottoms		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. 496-24-3623	
17. INFORMANT Elsie Bottoms		Address Eldon, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		19. INTERVAL BETWEEN ONSET AND DEATH 30 min		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" 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 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 4201		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. S. Humphreys, D.O.		(Degree or title) D.O.		22b. ADDRESS Tusculum, Mo.	
22c. DATE SIGNED 9-19-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-21-58	
23c. NAME OF CEMETERY OR CREMATORY Woods		23d. LOCATION (City, town, or county) Eldon, Mo		(State)	
24. FUNERAL DIRECTOR Louis A. Phillips		ADDRESS Eldon		25. DATE RECD. BY LOCAL REG. Sept. 20, 1958	
26. REGISTRAR'S SIGNATURE Alveretta Walt					

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McCluer 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
Signature of Student Embalmer

Signed *Louis W. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Madison*

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.