MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 63-014914

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 282

FILED APR 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0109		
2	3690		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	433.1		
10			
11			
12	2-0		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b 4-12-4-16
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Missouri Medical Center — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY Monroe
c. CITY OR TOWN Madison — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Ralph Middle N. Last Botkins
4. DATE OF DEATH Month 4 Day 16 Year 63
5. SEX M
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-20-09
9. AGE (last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Monroe Co. Mo
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Edward A. Botkins
13b. MOTHER'S MAIDEN NAME Sallie Hartgrave
14. NAME OF HUSBAND OR WIFE Margaret Botkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates
16. SOCIAL SECURITY NO. 279
17. INFORMANT Medical Records Columbia Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ventricular Fibrillation — 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocarditis of unknown etiology — 20 mos.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 attended the deceased from April 12, 1963 to April 16, 1963 and last saw him alive on Apr. 16 1963

Death occurred at 7:35 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard A. Hazen (Degree or title) MD
22b. ADDRESS Univ. of Mo. Med. Center
22c. DATE SIGNED 4/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Apr. 18, 1963
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill
23d. LOCATION (City, town, or county) Madison (State) Mo

24. FUNERAL DIRECTOR Thompson + Mackler — ADDRESS Madison, MO
25. DATE RECD. BY LOCAL REG. Apr 16 1963
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1963

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 Joseph R Mueller

Licensed Embalmer No. 4571

P. O. Address Madison, Mo.

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.