

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016622

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. 254

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 1 1963	
<p>1. PLACE OF DEATH a. COUNTY Lawrence</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN dead on arrival, Aurora Mo. Length of stay in 1b</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence</p> <p>c. CITY OR TOWN Mt. Vernon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS Rural Rte. (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Otto Middle Botts Last</p>	
<p>4. DATE OF DEATH Month April Day 21, Year 1963</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 9/23/1887</p>
<p>9. AGE (last birthday) 75</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Carpenter</p>	
<p>10b. KIND OF BUSINESS OR INDUSTRY Silvan Grove, Kans.</p>	
<p>11. BIRTHPLACE (City, and state or country) USA</p>	
<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME Ed Botts</p>	
<p>13b. MOTHER'S MAIDEN NAME unknown</p>	
<p>14. NAME OF HUSBAND OR WIFE Emma Brader Botts <i>dec'd</i></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no</p>	
<p>16. SOCIAL SECURITY NO. [redacted]</p>	
<p>17. INFORMANT Floyd Botts Address Mt. Vernon, Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Coronary occlusion</p> <p style="text-align: center;">DUE TO (b) Arteriosclerosis</p> <p style="text-align: center;">DUE TO (c)</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	
<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour 1.25 a.m. p.m. Month, Day, Year Nov. 8, 1962</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nov. 8, 1962</p>	
<p>20f. CITY, TOWN, OR LOCATION Mount Vernon, Mo. COUNTY STATE</p>	
<p>21. I attended the deceased from Nov. 8, 1962 to time of death last saw him alive on 4/21/63 Death occurred at 1.25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE J. G. Bousum (Degree or title) D.O. 22b. ADDRESS Mount Vernon, Mo. 22c. DATE SIGNED 4/21/63 (State)</p>	
<p>23a. BURIAL CREMATION REMOVAL (Specify) burial 23b. DATE 4/24/63 23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Odd Fellows Cemetery, Mt. Vernon, Mo. 23d. LOCATION (City, town, or county)</p>	
<p>24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo. 25. DATE RECD. BY LOCAL REG. 4-24-63 26. REGISTRAR'S SIGNATURE [Signature]</p>	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 13 1963

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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 J. C. Canada

Licensed Embalmer No. 4196
P. O. Address Greenfield, 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.