

ED SEP 3 1943
Registration District No. **225**

Primary Registration District No. **4335**

Registrar's No. **35**

1. PLACE OF DEATH:
(a) County **Moniteau**
(b) City or town **Tipton**
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **--**
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Moniteau**
(c) City or town **Tipton**
(If outside city or town limits, write "RURAL")
(d) Street No. **No numbers**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **Native**

3. (a) PRINT FULL NAME **Ollie M. Bookout**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **James O. Bookout**
6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **July 27th 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	0	20	hr. min.

9. Birthplace **Moniteau County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Tobias Newkirk**

13. Birthplace **Moniteau County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary E. Petree**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **James O. Bookout**

(b) Address **Tipton, Mo.**

17. (a) **Burial** (b) Date thereof **8/19/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Moreau Cemetery**

18. (a) Signature of funeral director **James E. Richards**
(b) Address **Tipton, Mo.**

19. (a) (b) (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17th**
year **1943** hour **2** minute **30 P** M.

21. I hereby certify that I attended the deceased from **Jan 10** 19**43** to **Aug 17** 19**43**
that I last saw her alive on **Aug 17** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac failure**
liver sclerosis

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **12421**
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature **C. W. Lake** (M.D. or other) Address Date signed

MOTHER FATHER

871

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 Me

..... Registered Apprentice No.

working under my personal supervision.

Signed James E. Rich

Licensed Embalmer No. 2466

P. O. Address Lipton St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 225

Primary Registration District No. 4235

Registrar's No. 25

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Lytle
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ellie M. Baskout
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 27 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days _____ (Unless than one day) min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 17 / 47 (Date received by registrar) (b) Mrs. Serot Piquan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 17 Year 1947 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER, FATHER

WHITE TELEPHONE

28821