

STANDARD CERTIFICATE OF DEATH

State File No. **21852**

National Office of Vital Statistics

FILED JUL 9 1948
Registration District No. **322**Primary Registration District No. **4480**Registrar's No. **24**

1. PLACE OF DEATH

(a) County **Schuyler**
(b) City or town **Greentop**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Greentop, Missouri**
(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 **Maudie Elizabeth Bookout**3. (b) If veteran,
name war.....3. (c) Social Security No.
None

4. Sex **F** / 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Albert E. Bookout** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Jan. 31 1891**
(Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **26** If less than one day
hr. min.

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

10. Usual occupation **Housewife**
Home

11. Industry or business
12. Name **Edward F. Fitzgerald**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucinda Smith**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Juanita Pearce**
(b) Address **Greentop, Missouri**
Burial (c) Date thereof **6/29/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greentop, Missouri**
18. (a) Signature of funeral director **Lee Riley Funeral Home**
(b) Address **Kirkville, Missouri**

19. (a) **June 30/48** (b) **Miss. R. J. Drake**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Schuyler** 98
(c) City or town **Greentop**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **27**
year **1948** hour **6:00** minute **A: M**

21. I hereby certify that I attended the deceased from **June 30-1948**
June 16 1948, to **May 25 June 20 1948**
that I last saw her alive on **June 20** 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Do not know - Exams and x rays showed pituitary pathology
Due to **2.5 liter bile ducts but**
patient never in endotracheal
Due to **to have surgical exploration**

Other conditions **acute psychosis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)

While at work? (e) Means of injury
23. Signature **Carl Hargrave** (M.D. or other) **DO**
Address **Kirkville, Mo** Date signed **6-29-48**

RECEIVED

District Health Officer M

District File Number 7-48

Date Filed JUL 7 - 1948

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 _____

Jack L. Dooley, Registered Apprentice No. 222

working under my personal supervision.

Signed _____

D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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 this body is not embalmed, fact should be so stated above.