

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1949

State File No. **14702**

BIRTH NO. 26636-49 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3900 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b> c. LENGTH OF STAY (in this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.C.O.S. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>515 W. Hickory</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Loretta</b> b. (Middle) <b>May</b> c. (Last) <b>Booth</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 5, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>May 30, 1949</b>
9. AGE (In years last birthday) <b>5</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b>5</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (State or foreign country) <b>Kirksville, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Robert Booth</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Lou Mason</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert Booth, Kirksville, Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH          <b>71.25</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>		
	ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity (3 wks)</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 8:23 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>212 Kirksville Mo</b>	23c. DATE SIGNED <b>6/6/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/6/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Llewellyn</b>
24d. LOCATION (City, town, or county) (State) <b>Kirksville, Missouri</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Paul M. Riley Kirksville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-6-49</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 6-49-11

Date Filed JUN 10 1949

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.

Signed \_\_\_\_\_

*Roy W. Merwin*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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.