

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22980**

BIRTH NO.		REG. DIST. NO. 107	PRIMARY REG. DIST. NO. 3019	Registrar's No. 81
1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett Rural Independence		
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell		d. STREET ADDRESS (If rural, give location) Route 3		
3. NAME OF DECEASED (Type or Print) a. (First) Lonnie b. (Middle) Lee c. (Last) Booker			4. DATE OF DEATH (Month) (Day) (Year) 7 - 16 - 49	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-29-1882	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Booker		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fannie Booker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Bruce Booker ADDRESS Kennett Rt. 3	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 33-17
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) m.	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 7-15 , 19 49 , to 7-16 , 19 49 , that I last saw the deceased alive on 7-16 , 19 49 , and that death occurred at 5:40 p. m. , from the causes and on the date stated above.				
23a. SIGNATURE L. C. Wilson, M.D.		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 7-18-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-19-49	24c. NAME OF CEMETERY OR CREMATORY Old Town Cemetery	24d. LOCATION (City, town, or county) (State) Evergreen Ala.	
DATE REC'D BY LOCAL REG. July 19-1949	REGISTRAR'S SIGNATURE Earl Husband	25. FUNERAL DIRECTOR'S SIGNATURE 90 Lentz Funeral Service ADDRESS Kennett		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-4835
22

RECEIVED JUL 26 194

District Health Office No. 2

District File Number 742251

Date Filed

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

Edgar Paul Ford

Signed

Student Embalmer

Licensed Embalmer No. 4433

P. O. Address *Kennett 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.