

FILED NOV 3 1949

STANDARD CERTIFICATE OF DEATH

4276 State File No. 34288

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. ~~4276~~ Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elm St</u>		d. STREET ADDRESS (If rural, give location) <u>Elm St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>BOOTHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 23 - 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 17 - 1857</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Days <u>2</u> IF UNDER 4 HRS. Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Mt. Vernon Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Georg Catta</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann</u>	14. NAME OF HUSBAND OR WIFE <u>A. T. Boothe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary C. Catta</u>	18. ADDRESS <u>Mt. Vernon Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic hepatomegaly</u> <u>heart-disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4 20 1</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 6, 1949, to Oct 23, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 8:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Speare, MD</u>	23b. ADDRESS <u>Pierce City, Mo</u>	23c. DATE SIGNED <u>Oct 25, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 31, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Blanche Edinger</u>	4276	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bros</u>	ADDRESS <u>Pierce City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 25 1950

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

*Edwin P. Wilks*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edwin P. Wilks*

Licensed Embalmer No. *4131*

P. O. Address *Pearce City 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.