

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15520

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6092</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grand Pass, Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grand Pass</u>		0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gilliam St. (No Number)</u>				d. STREET ADDRESS (If rural, give location) <u>Gilliam St. (Had no Number)</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u>			b. (Middle) <u>Letitia</u>		c. (Last) <u>Booker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 25-1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Subsidiary married</u>		8. DATE OF BIRTH <u>May 15-1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Month <u>10</u> Day <u>10</u>	IF UNDER 4 HRS. Hour <u>10</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Miami-Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas H. Booker</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Lacy</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mary Booker-Grand Pass-Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIOVASCULAR-RENAL DISEASE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1-29-1949</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>NONE</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>					<u>442X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>1-29</u> , 19 <u>49</u> , to <u>3-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>50</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. Kelling M.D.</u>				23b. ADDRESS <u>YVAVERLY Mo.</u>		23c. DATE SIGNED <u>3-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/28/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Pass Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grand Pass-Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar 27 1950</u>		REGISTRAR'S SIGNATURE <u>Sidney Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Susman-Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0970

RECEIVED APR 3

District Health Officer No. 8,

District File Number _____

Date _____

4-20-50

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.

Student
Student Embalmer

Signed J. Leslie Swearing

Licensed Embalmer No. 5235

P. O. Address W. Ashby, 740

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.