

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5827 State File No. 1980
Registrar's No. 33

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5847

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Burlington Jct. rural		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles east		d. STREET ADDRESS (If rural, give location) 904 North Main	
3. NAME OF DECEASED (Type or Print) a. (First) LAURA		b. (Middle)	
		c. (Last) BOOHER	
4. DATE OF DEATH (Month) (Day) (Year) 1 19 51		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12/22/66		9. AGE (In years by birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Knoxville, Ind.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph W. Webb		13b. MOTHER'S MAIDEN NAME Harriett Smith	
14. NAME OF HUSBAND OR WIFE Benjamin Booher, dec.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME C. F. Booher, Burlington Jct., Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cholecystitis ? DUE TO (c) Arteriosclerosis ? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221	
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)		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 Oct 1950 , to Jan. 19 19 51 , that I last saw the deceased alive on Jan 15 1951 , and that death occurred at 6:50A m., from the causes and on the date stated above.	
23a. SIGNATURE B. J. Dylund		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 1/22/51		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 1/22/51		24c. NAME OF CEMETERY OR CREMATORY Ohio	
24d. LOCATION (City, town, or county) (State) Burlington Jct., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	
DATE REC'D BY LOCAL REG. 2-3-51		REGISTRAR'S SIGNATURE Less Holt	

0740

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



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Robert L. Sauter*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4782*.....

P. O. Address *Mayville, 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.