

FILED APR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8340

1335

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>1 Day</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u> <u>2481</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley</u> | | d. STREET ADDRESS (If rural, give location) <u>100 So. Main St.</u> | |

| | | | | | |
|---|---------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>Cecil</u> c. (Last) <u>Booker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3/24/1951</u> | | |
| 5. SEX <u>Male</u> <u>2</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u> | 8. DATE OF BIRTH <u>2/14/1889</u> | | 9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mts. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Lee's Summit Mo.</u> <u>0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> |

| | | | |
|---|--|--|--|
| 13a. FATHER'S NAME <u>Thomas Booker</u> | 13b. MOTHER'S MAIDEN NAME <u>Emily Gates</u> | 14. NAME OF HUSBAND OR WIFE <u>June Booker</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>499-18-3075</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>June Booker</u> ADDRESS <u>Lee's Summit 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, asthma, etc. It means the disease, injury, or complication which caused death. | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <u>acute myocardial infarct</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>acute bilateral edema of lung</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>47-01</u> |
|---|--|--|--|

| | | | |
|------------------------|----------------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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 3-23, 1951, to 3-24, 1951, that I last saw the deceased alive on 3-24-51, 19, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

| | | |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Philip Saper</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Lee's Summit, Mo</u> | 23c. DATE SIGNED <u>3-25-51</u> |
|--|--------------------------------------|---------------------------------|

| | | | |
|--|-----------------------------|--|---|
| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u> <u>4</u> | 24b. DATE <u>3/27, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit</u> | 24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo.</u> |
|--|-----------------------------|--|---|

| | | |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>3-28-51</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. ...</u> ADDRESS <u>Lee's Summit Mo.</u> |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

1916
C O B
683

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 _____

T. B. Langford

Signed.....

Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.