

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9039

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (in this place) 3 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Carthage		0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION 119 N. McGregor St.,				d. STREET ADDRESS (If rural, give location) - - - - -			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Elliott c. (Last) BOOTHE			4. DATE OF DEATH (Month) (Day) (Year) March 9, 1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 19, 1870	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Saw Mill		11. BIRTHPLACE (State or foreign country) Columbia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David H. Boothe		13b. MOTHER'S MAIDEN NAME Nancy J. Haun		14. NAME OF HUSBAND OR WIFE Minnie Martin Boothe			
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 Mrs. Cecil Neil ADDRESS Carthage, 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) Occlusion, Coronary Artery  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. senility  INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs  4201					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		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 8 AM Mar 19 51, to 3:30 PM Mar 9, 1951, that I last saw the deceased alive on Mar 9, 1951, and that death occurred at 3:30 PM, from the causes and on the date stated above.							
23a. SIGNATURE George H. Wood M.D.				23b. ADDRESS Carthage Mo		23c. DATE SIGNED Mar 12 '51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-14-51		24c. NAME OF CEMETERY OR CREMATORY Park Cem.		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 3-12-51		REGISTRAR'S SIGNATURE L B Clinton, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3/20/51  
Asper County Health Office

County File Number 51-3-214  
Date Filed 3/20/51

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. \_\_\_\_\_  
*Gene C. Pugh*  
Gene. C. Pugh.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4231

P. O. Address Garthage, 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.