

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

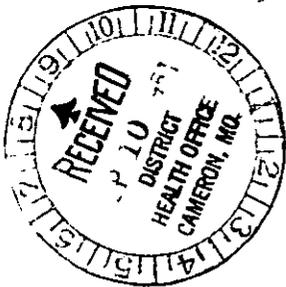
State File No. **26674**

FILED SEP 15 1951

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 3022		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Harrison <i>0411</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Colfax BETHANY		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Colfax <i>0410</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Reid Hospital				d. STREET ADDRESS (If rural, give location) 4 mi. NE Blythedale, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Booth		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 8-30-1951	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 9-9-1879		9. AGE (in years last birthday) 71 10. MONTHS 9 11. DAYS 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME David Booth		13b. MOTHER'S MAIDEN NAME Alice Ann Booth		14. NAME OF HUSBAND OR WIFE Susie Booth, Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Verl Booth - Bethany, Mo. ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		10. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 13 days undef. undef.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 8-11 , 19 51 , to 8-30 , 19 51 , that I last saw the deceased alive on 8-30 , 19 51 , and that death occurred at 9 PM m., from the causes and on the date stated above.							
23a. SIGNATURE J. E. Reid (Degree or title)				23b. ADDRESS Bethany, Mo.		23c. DATE SIGNED 9-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/2/51		24c. NAME OF CEMETERY OR CREMATORY Cedar Hill		24d. LOCATION (City, town, or county) (State) Blythedale, Mo.	
DATE REC'D BY LOCAL REG. Sep 4-51		REGISTRAR'S SIGNATURE Zola Burris 116		25. FUNERAL DIRECTOR'S SIGNATURE W. B. ... Bethany Mo ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. B. Haas*.....

Licensed Embalmer No. 3899.....

P. O. Address Bethany 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.