

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2202

FILED FEB 1 1952

State File No.

BIRTH NO. REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4395 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <i>Democrat</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Democrat</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Halland</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Halland 0780</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Kernal</i> b. (Middle) <i>I</i> c. (Last) <i>Booker</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-19-52</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>6-28-1908</i>	9. AGE (In years last birthday) <i>43</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>21</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck operator</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Halland Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13. FATHER'S NAME <i>S.E. Booker</i>		13b. MOTHER'S MAIDEN NAME <i>Mollie Shelton</i>		14. NAME OF HUSBAND OR WIFE <i>John Allen Booker</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>John Booker Halland Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gun-shot wounds in chest & head</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>E981X</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, large bldg., etc.) <i>Public Place</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Halland Democrat, Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>1-19-52</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Fight</i>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James A. Osburn 3</i>		23b. ADDRESS <i>Wardell, Mo</i>		23c. DATE SIGNED <i>1-19-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-21-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Int Zion</i>	
24d. LOCATION (City, town, or county) (State) <i>Steele, Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hermon</i>		ADDRESS <i>unit 6 Steele, Mo</i>	
DATE REC'D BY LOCAL REG. <i>1-28-52</i>		REGISTRAR'S SIGNATURE <i>S. J. Osburn</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hermon</i>	

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

780
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Jessie Osburn

1-52-40

Rec. JAN 30 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

6361 & T 100

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 *John W. German*

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address *Hayti, 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.