

No. 300
10-45

FILED FEB 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1708
Registrar's No. 35

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **INDEPENDENCE**
 c. LENGTH OF STAY (If in this place) **49 YEARS**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **INDEPENDENCE**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **SANITARIUM**
 d. STREET ADDRESS (If rural, give location) **1030 W. MAPLE AVE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.)
 a. STATE **MISSOURI** b. COUNTY **JACKSON**

3. NAME OF DECEASED
 a. (First) **HARRIET** b. (Middle) **ELIZABETH** c. (Last) **BOOKER**
 4. DATE OF DEATH **JAN. 21, 1953**

5. SEX **FEMALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)** **WIDOWED** **8. DATE OF BIRTH** **FEBR. 20 1856** **9. AGE** (In years last birthday) **96** **IF UNDER 1 YEAR** Months **0** Days **0** **IF UNDER 24 HRS.** Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** **10b. KIND OF BUSINESS OR INDUSTRY** **NONE** **11. BIRTHPLACE** (City and State or Foreign Country) **MIDWAY ALA.** **12. CITIZEN OF WHAT COUNTRY?** **U. S. A.**

13a. FATHER'S NAME **WILSON LOVLESS** **13b. MOTHER'S MAIDEN NAME** **MARY McCLANNY** **14. NAME OF HUSBAND OR WIFE** **JOHN LEE BOOKER**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NO** **16. SOCIAL SECURITY NO.** **NONE** **17. INFORMANT'S SIGNATURE OR NAME** **MRS. OLLIE FRIEND** **ADDRESS** **1030 W. MAPLE AVE**

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) **Cerebral Hemorrhage 5 days**
 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.
INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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)** _____ **331X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Jan 17, 1953, to Jan 21, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Edith Watson M.D.** **23b. ADDRESS** **129 W. Lexington Independence Mo** **23c. DATE SIGNED** **1-22-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **JAN 23 1953** **24c. NAME OF CEMETERY OR CREMATORY** **MOUND GROVE** **24d. LOCATION** (City, town, or county) (State) **INDEPENDENCE JACKSON MO**

DATE REC'D BY LOCAL REG. **1-23-53** **REGISTRAR'S SIGNATURE** **James G. Kelly** **25. FUNERAL DIRECTOR'S SIGNATURE** **Henry W. Stahl** **ADDRESS** **Indep Mo**

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 *Henry W. Stahl*

Licensed Embalmer No. 3181

P. O. Address Independence

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.