

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3751

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <u>Bernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Sup</u> c. LENGTH OF STAY (in this place) <u>7-1-27</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Buffalo</u> <u>0300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. #3</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Booth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7-1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 29-1877</u>	9. AGE (In years last birthday) Months Days <u>76 0 9</u>	IF UNDER 1 YEAR <u>—</u>	IF UNDER 24 HRS. <u>—</u>
10a. USUAL OCCUPATION (If kind of work done during most of working life, give if retired) <u>Clerical work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo — 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>

13a. FATHER'S NAME <u>Wm Henry Booth</u>	13b. MOTHER'S MARRIEN NAME <u>Mary Ellen Moore</u>	14. NAME OF HUSBAND OR WIFE <u>unk (widowed)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk</u> (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u> ADDRESS <u>Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renume + cerebral art. scl.</u>		
	DUE TO (c) <u>Arteritis</u>		
II. OTHER SIGNIFICANT CONDITIONS - <u>psychosis</u>		2. <u>2 40</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 11/14/52, 1952, to 1/7/54, 1954, that I last saw the deceased alive on 1/7-54, 1954, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>O. P. Pravit M.D.</u>	23b. ADDRESS <u>Newada Mo.</u>	23c. DATE SIGNED <u>1/7/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>1-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery Buffalo Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Buffalo Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-7-1954</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	45	25. FEDERAL DIRECTOR'S SIGNATURE <u>L. O. Jones</u> ADDRESS <u>Buffalo Mo</u>
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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 Leonard B. Jones

Licensed Embalmer No. 2508

P. O. Address Beffels 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.