

FILED JAN 30 1954  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26794  
Registrar's No. 829

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 829	
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Webster</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Springfield,</b>		c. LENGTH OF STAY (in this place) <b>7 Days</b>		c. CITY OR TOWN <b>Marshfield</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark Osteopathic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>508 East Washington. 1120</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arch</b> b. (Middle) <b>Hodgin</b> c. (Last) <b>Booth</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 24 1954</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12/24/1886</b>	
9. AGE (In years last birthday) <b>67</b>		10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Petis County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Henry Booth</b>			13b. MOTHER'S MAIDEN NAME <b>Laura Washington Ross</b>			14. NAME OF HUSBAND OR WIFE <b>Georgia May Booth</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>500712-9385</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nadine Booth Cardwell, Farmington, Mich.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary failure</b>  ANTECEDENT CAUSES <b>Cerebral Thrombosis</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Terminal Pneumonia</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Terminal Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>332 X</b>				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)			
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?			
22. I hereby certify that I attended the deceased from <b>8/17/54</b> , 19 <b>54</b> , to <b>8/24/54</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>8/24/54</b> , 19 <b>54</b> , and that death occurred at <b>3:20P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Richard W.etal D.D.</b>				23b. ADDRESS <b>700 E. Sunshine Springfield, Missouri</b>		23c. DATE SIGNED <b>8/24/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-26-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Marshfield Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marshfield Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-28-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barber Funeral Home Marshfield Mo.</b>			

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

SEP 7 1955

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.....  
Signature of Student Embalmer

Signed *Gen. S. Williams*

Licensed Embalmer No. *465*

P. O. Address *Marshfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.