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FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29389

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4175 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hornersville
c. LENGTH OF STAY (in this place) 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY Dunklin
c. CITY OR TOWN Hornersville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) General Del 0350

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) — c. (Last) BOOKER
4. DATE OF DEATH (Month) (Day) (Year) 9 - 17 - 1955
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12/31/1907
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months 9 Days 16 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Bill Booker
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Blanch Booker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-22-8234
17. INFORMANT'S SIGNATURE OR NAME George Goco ADDRESS Hornersville Mo

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) Fracture Skull — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) by being hit on head with club.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 983x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Twp. Hornersville, Dunklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 17, 1955 1 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? While sleeping was struck on head by club.

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 2 - A m., from the causes and on the date stated above.*

23a. SIGNATURE Quinton Tarver (Degree or title) Quinton Tarver, Coroner, Dunklin County
23b. ADDRESS Kennett, MO.
23c. DATE SIGNED 9/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Homer
24d. LOCATION (City, town, or county) (State) Hornersville Mo
DATE REC'D BY LOCAL REG. 9-22-55
REGISTRAR'S SIGNATURE Bertha Kinzolving 86-0
25. FUNERAL DIRECTOR'S SIGNATURE Emerson & Sons ADDRESS Jonesboro

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALT

DEPARTMENT 9-23-55

COUNTY FILE NUMBER 955-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 82

P. O. Address Jonesboro, A

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.