

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29959

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>CARTHAGE</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>WEBB CITY</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>OUR LADY OF THE OZARKS</b>		No. STREET ADDRESS (If rural, give location) <b>809 WEST DAUGHERTY</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ELLA</b>	b. (Middle) <b>FLORENCE</b>	c. (Last) <b>BOOTH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 22 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JANUARY 1, 1867</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>21</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGFIELD, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>ARCHIBALD GRAHAM LEEDY</b>	13b. MOTHER'S MAIDEN NAME <b>MARY MAIDEN</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE E BOOTH (DECEASED)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H. H. BOOTH</b> ADDRESS <b>KANSAS CITY, MO</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Chronic with Myocardial degeneration</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Senility</b>	<b>4222</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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) <b>none</b>	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 Jan 20, 1954, to Sept 22, 1955, that I last saw the deceased alive on Sep 21, 1955, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>George H. Wood M.D.</b>	(Degree or title)	23b. ADDRESS <b>Carthage Mo</b>	23c. DATE SIGNED <b>Sept 23 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-24-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WEBB CITY MO</b>
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DATE REC'D BY LOCAL REG. <b>9-23-55</b>	REGISTRAR'S SIGNATURE <b>Ely Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HEDGE-LEWIS FUNERAL HOME</b> ADDRESS <b>WEBB CITY, MO</b>
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 23-10-679  
Date Filed OCT 3 1955

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 *James J. Lewis*

Licensed Embalmer No. 4560

P. O. Address Weld Co.

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.