

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32569**BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **3014** Registrar's No. **92**

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty | | c. CITY OR TOWN Liberty | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 14 years | | No. STREET ADDRESS (If rural, give location) 134 Terrace | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 134 Terrace | | | |

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|--|--|---|--|---|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Daisy | | b. (Middle) Rice | | c. (Last) Boothe | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1955 | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH July 1883 | | 9. AGE (in years last birthday) 72 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY home | | 11. BIRTHPLACE (City and State or Foreign Country) Ill. | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME George M. Rice | | 13b. MOTHER'S MAIDEN NAME Lydia Gillis | | 14. NAME OF HUSBAND OR WIFE S. E. Boothe | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME John Boothe ADDRESS Liberty, Mo. | |

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|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism | | DUE TO (b) Infectious Mononucleosis Infection | | Sudden | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) 5434 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

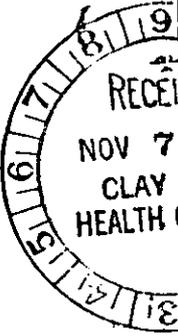
22. I hereby certify that I attended the deceased from **Apr. 1938**, to **Oct 29, 1955**, that I last saw the deceased alive on **Oct 29, 1955**, and that death occurred at **5:45 a.m.**, from the causes and on the date stated above.

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|---|--|----------------------------------|--|---|--|
| 23a. SIGNATURE (Degree or title) Henry W. Heindrich M.D. | | 23b. ADDRESS Liberty, Mo. | | 23c. DATE SIGNED 11/1/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE Nov. 1, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo. | |

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| DATE REC'D BY LOCAL REG. Nov. 5, 1955 | | REGISTRAR'S SIGNATURE Nabel Graham | | 25. FUNERAL DIRECTOR'S SIGNATURE Lyda Bailey Funeral Home ADDRESS Liberty, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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



FEB 19 1957

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 *John Parley*
Licensed Embalmer No. *450*

P. O. Address *Liberty*

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.