

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15213

State File No.

BIRTH NO. 12338-56 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sikeston</u>)		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		d. STREET ADDRESS (If rural, give location) <u>1600 No. St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1600 N. St.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lexia</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Booth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 10 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>colord</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u>		8. DATE OF BIRTH <u>2-16-1956</u>			
9. AGE (In years last birthday) <u>—</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Sikeston Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Willie Booth Jr.</u>			13b. MOTHER'S MAIDEN NAME <u>Dollie Mae Strickland</u>			14. NAME OF HUSBAND OR WIFE <u>0</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dollie Strickland Booth, 1600 No. St.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Interstitial pneumonia</u> ANTECEDENT CAUSES <u>Found dead in bed.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Few hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>525X</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)					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Helma C. Buehler, M.D. Health Officer</u>				23b. ADDRESS <u>Benton Mo</u>		23c. DATE SIGNED <u>4-12-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court</u>		24d. LOCATION (City, town, or county) (State) <u>W. Sikeston Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-14-56</u>		REGISTRAR'S SIGNATURE <u>Mr. E. Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith</u>		ADDRESS <u>1212 Mand St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED

APR 16 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 456-94

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

Fred L. Smith

Licensed Embalmer No.

4408

P. O. Address

Sikeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.