

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19926

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 60

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|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | b. COUNTY <u>Clay</u> | |
| b. CITY OR TOWN <u>Liberty</u> | | c. CITY OR TOWN <u>Liberty</u> | | 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) <u>15 yrs.</u> | | e. STREET ADDRESS (If rural, give location) <u>216 S. Jewell</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>216 S. Jewell</u> | | | | | |

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|---|--|-------------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>THOMAS J. BOOTH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 28-56</u> | | |
| a. (First) | | b. (Middle) | c. (Last) | | |

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|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------|---------------------------|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>June 22-1886</u> | 9. AGE (In years last birthday) <u>70</u> | 10. UNDER 1 YEAR <u>0</u> | 11. UNDER 2 HRS. <u>6</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------|---------------------------|---|

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|---|---|--|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
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| 13a. FATHER'S NAME <u>Freeman Booth</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Cleverger</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | 16. SOCIAL SECURITY NO. <u>WWI</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Wright - Liberty Mo.</u> | ADDRESS <u>Liberty Mo.</u> | | |
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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 | | | | INTERNAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | DUE TO (b) <u>Coronary Insufficiency Hypertension</u> | | | | <u>15 min</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) <u>Atherosclerosis</u> | | | | <u>Indef.</u> | |
| 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 <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
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| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u> | 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) 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 Apr. 1940, to June 28, 1956, that I last saw the deceased alive on June 28, 1956, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

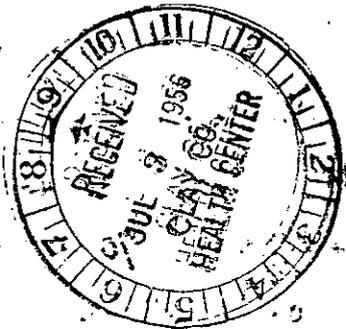
| | | |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Henry W. Howard M.D.</u> | 23b. ADDRESS <u>Liberty, Mo.</u> | 23c. DATE SIGNED <u>6/29/56</u> |
|--|----------------------------------|---------------------------------|

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| 24a. BURIAL OR CREMATION (Specify) <u>Buried</u> | 24b. DATE <u>6-30-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>White Rose</u> | 24d. LOCATION (City, town, or county) (State) <u>Bothersville, Mo.</u> |
|--|--------------------------|--|--|

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|---|---|---|---------|
| DATE REC'D BY LOCAL REG. <u>6-30-56</u> | REGISTRAR'S SIGNATURE <u>Mabel Stratton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Phonics-Arch Co. Liberty, Mo.</u> | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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



JUL 17 1956

#10012

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..... *Harold G. Smith*

Licensed Embalmer No. *45*

P. O. Address... *Liberty*

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.