

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28140**  
Registrar's No. **6855**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )	c. LENGTH OF STAY (In this place) <b>20 day</b>	c. CITY OR TOWN <b>Kansas City</b>	d. In 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>Frisco Employes' Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3941 Central</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sherman</b> b. (Middle) <b>Dillard</b> c. (Last) <b>Booker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 20 56</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-7-1889</b>		9. AGE (In years last birthday) <b>67</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Switchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railway</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dickson, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>America</b>
13a. FATHER'S NAME <b>Henry</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Clymer</b>		14. NAME OF HUSBAND OR WIFE <b>Irene Booker</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>702-05-5623</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Irene Booker 3941 Central, K.C., Mo</b>			
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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) <b>Carcinomatosis</b>		DUE TO (b) <b>Possible hepatoma</b>		<b>2 mos.</b>	
* 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) _____		<b>6-7 mos.</b>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		_____		_____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>155 x</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 June 30, 1956, to July 20, 1956, that I last saw the deceased alive on July 20, 1956, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>George A. Mahomed</b>		23b. ADDRESS <b>4161 Lindell</b>		23c. DATE SIGNED <b>7-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Dickson, Tennessee</b>

DATE REC'D BY LOCAL REG. <b>JUL 23 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Summary notes - General

SEP 4 1956

DEC 11 1957

MAR 29 1960

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 *Stanley A. Dixon*  
Licensed Embalmer No. *46*  
P. O. Address *St. J.*

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.