

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5202**

FILED MAR. 5 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **185**

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 township) OR TOWN <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) <b>18 months</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2704 GRAND</b>		d. STREET ADDRESS (If rural, give location) <b>2704 GRAND</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOE</b> b. (Middle) <b>CALVIN</b> c. (Last) <b>BOOTH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 19 1957</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>APRIL 11, 1912</b>	9. AGE (in years last birthday) <b>44</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PLASTERER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (State or foreign country) <b>BRANSON, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN E. BOOTH</b>	13b. MOTHER'S MAIDEN NAME <b>PATTY M. VALENTINE</b>	14. NAME OF HUSBAND OR WIFE <b>—</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.	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. RUBY COFFEE</b>	ADDRESS <b>JOPLIN, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute alcoholism superimposed upon chronic alcoholism</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>This man was drinking an anti-siphic KD-31 along with above because of its alcoholic content</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Did not attend**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wendell W. Cooney, Jasper County, Mo.</b>	23b. ADDRESS <b>Joplin, Mo.</b>	23c. DATE SIGNED <b>2/25/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB 23 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEM</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MO</b>
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DATE REC'D BY LOCAL REG. <b>2-27-57</b>	REGISTRAR'S SIGNATURE <b>Dove Merriam</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harold Glover</b>	ADDRESS <b>Joplin</b>
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Jasper County Health Office

County File Number 57-3-192

Date Filed MAR 4 1957

MAR 8 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Dale Glover

Signed.....  
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, Mo

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