

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47023**

FILED JAN 6 1958

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6156		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY STONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Stone					
b. CITY OR TOWN James To Rural		c. LENGTH OF STAY (in this place) Years		c. CITY OR TOWN Reedspring		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) Rural Rt. 10th					
3. NAME OF DECEASED (Type or Print) a. (First) Margaret Jane			b. (Middle) _____		c. (Last) Booker		4. DATE OF DEATH (Month) (Day) (Year) 12-24-57		
5/SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 4-24-1867		9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 7 Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (City and State or Foreign Country) Douglas Co - MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME William unknown			14. NAME OF HUSBAND OR WIFE W. B. Booker			
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 Mr. T. J. Stettin ADDRESS Blanson MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Ulcers						5 yrs	
		ANTECEDENT CAUSES Bronchial Pneumonia						1945-7	
		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 Old age General Debility							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 5400 (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 July 1954 to 1957 , that I last saw the deceased alive on Dec 23 , 1957, and that death occurred at 3:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE J. Shumate M.D. (Degree or title)				23b. ADDRESS Reedspring MO				23c. DATE SIGNED 12/24/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-28-57		24c. NAME OF CEMETERY OR CREMATORY Clark Memorial Park		24d. LOCATION (City, town, or county) (State) Blanson MO			
DATE REC'D BY LOCAL REG Dec. 28-1957		REGISTRAR'S SIGNATURE Mrs. J. Elmer Bussan		25. FUNERAL DIRECTOR'S SIGNATURE W. Helshel F. Home		ADDRESS Blanson MO			

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

317.0

An Anna Murray (Licensed Embalmer's Statement on Reverse Side)

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 *Minnie P. Wheeler*.....

Licensed Embalmer No. *2271*.....

P. O. Address *Princeton*.....

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.