

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 1 1958

58-026757
STATE FILE NUMBER
7018

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

7018

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Alton</u> 8/20 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		Length of stay in lb <u>1 mo.</u>	d. STREET ADDRESS (If outside, give location) <u>327 3426 Robin</u>
3. NAME OF DECEASED (Type or print) First <u>WILBUR</u> Middle <u>LEE</u> Last <u>BOOHER</u>			4. DATE OF DEATH Month <u>JULY</u> Day <u>15</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 12, 1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laclede Steel Co.</u>	11. BIRTHPLACE (City and state or country) <u>Alton, Ill.</u>
13a. FATHER'S NAME <u>Van Austin Booher</u>		13b. MOTHER'S MAIDEN NAME <u>Rosy Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Marble Marie Booher</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes Korean</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Marie Booher</u> Address <u>Alton, Ill.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RESPIRATORY ARREST</u>			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>RETICULUM CELL SARCOMA WITH CERVICAL CORD DECOMPRESSION</u>			<u>5 MONTHS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>200.0</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>JUNE 11, 1958</u> to <u>JULY 15, 1958</u> and last saw her/him alive on <u>JULY 15, 1958</u> . Death occurred at <u>6:10 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. E. Vermillion, M.D.</u> (Doctor or title)		22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>7/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Upper Alton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Madison Co., Ill.</u>
24. FUNERAL DIRECTOR <u>Smith Funeral Home, 2521 Edwards-Alton, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>III 1558</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith</u> m & B

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *O. Russell Smith*

Licensed Embalmer No. *4191*

P.O. Address *2521 Edward*

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.