

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001816

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 163 Primary Registration District No. 7037 Registrar's No. 4

300
-57

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JEFFERSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) DE SOTO		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HILLSBORO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy 21		Length of stay in 1b - - -	d. STREET ADDRESS (If outside, give location) Route #1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE EDWARD BOOTH			4. DATE OF DEATH Month Day Year JAN 3 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 3, 1894	9. AGE (In years last birthday) 64	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) ELECTRICAL ENG		10b. KIND OF BUSINESS OR INDUSTRY ELECTRICAL	11. BIRTHPLACE (City and state or country) IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE MARY BOOTH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 497-03-8856	17. INFORMANT Address MARY BOOTH RI Hillsboro, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TRAUMA due to auto accident					INTERVAL BETWEEN ONSET AND DEATH →
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) TWO CAR Accident.			
20c. TIME OF INJURY Hour Month, Day, Year 6:00 a.m. 1-3-59					
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway.	20f. CITY, TOWN, OR LOCATION COUNTY STATE Valle Twp. Jeff. Mo.		
21. I attended the deceased from Inquest. to _____ and last saw her/him alive on _____ Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James O. Rubin M.D.			22b. ADDRESS Fenton Mo.		22c. DATE SIGNED 1-5-59.
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1	23c. NAME OF CEMETERY OR CREMATORY RIVERSIDE Cem Asso		23d. LOCATION (City, town, or county) (State) FARGO N. D.	
24. FUNERAL DIRECTOR MANN FUNERAL HOME		ADDRESS DE SOTO Mo	25. DATE RECD. BY LOCAL REG. Jan. 5-1959		26. REGISTRAR'S SIGNATURE Marie Harris.

(Licensed Embolger's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 18 1959

DATE
JAN 10 1959

JAN 22 1959

FEB 3 19

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 *Samuel J. Mahan*

Licensed Embalmer No. *4326*

P. O. Address *1050 W. 10th St. Mpls. Minn.*

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.