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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020295
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 4 Primary Registration District No. Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tarkio — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 60 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Tarkio — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First RICHARD Middle F Last BOOTH
4. DATE OF DEATH Month June Day 10 Year 1959
5. SEX male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Oct 12, 1872
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 7 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY general
11. BIRTHPLACE (City and state or country) Cainsville, Missour.
12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME Charles Booth
13b. MOTHER'S MAIDEN NAME Katherine Groves
14. NAME OF HUSBAND OR WIFE Ida Booth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Chloe King Address Cainsville, Missour

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE
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) 33IX
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 , to and last saw him alive on
Death occurred at about 11:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. Gallup (Degree or title) Coroner
22b. ADDRESS Rock Port Mo.
22c. DATE SIGNED 6/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 6/14/59
23c. NAME OF CEMETERY OR CREMATORY Home Cemetery
23d. LOCATION (City, town, or county) (State) Tarkio, Missouri

24. FUNERAL DIRECTOR Davis Funeral Home ADDRESS Tarkio, Mo.
25. DATE RECD. BY LOCAL REG. June 25, 1959
26. REGISTRAR'S SIGNATURE Marvin V. Schooler

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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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 Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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