

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024878

FILED VS JUL 27 1959 3

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay		Length of stay in 1b 50 years	c. CITY OR TOWN Blythedale		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8 miles North of Cainsville			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8 miles North of Cainsville		
3. NAME OF DECEASED (Type or print) First Tony Middle C. Last Booth			4. DATE OF DEATH Month July Day 22 Year 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 Dec. 11, 1904	9. AGE (last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Mercer Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Wesley E. Booth		13b. MOTHER'S MAIDEN NAME Bertha Maroney		14. NAME OF HUSBAND OR WIFE Imo Booth		
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. 497-40-5921	17. INFORMANT Address Imo Booth, Blythedale, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Broken neck					Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
DUE TO (b) Caught right hand in rollers while baling hay pulling arm in rollers with such speed and force when head hit roller neck was broken.						
DUE TO (c) when head hit roller neck was broken.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Caught in rollers while baling hay			
20c. TIME OF INJURY 11:15 a.m.	Month, Day, Year 7-22-59					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g. in or about home, X farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Harrison		COUNTY Mo STATE	
21. I attended the deceased from _____, to _____ and last saw ^{him} her alive on _____ Death occurred at About 11:15 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22. SIGNATURE (Degree or title) <i>James L. Wood</i> Coroner.			22b. ADDRESS Bethany, Missouri		22c. DATE SIGNED 7-23-59	
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-25-59	23c. NAME OF CEMETERY OR CREMATORY Akron Cemetery		23d. LOCATION (City, town, or county) (State) RFD Blythedale, Mo.		
24. EMBALMER'S SIGNATURE <i>[Signature]</i>		ADDRESS Cainsville, Mo.	25. DATE RECD. BY LOCAL REG. 7-25-1959	26. REGISTRAR'S SIGNATURE <i>Gella Maxey</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 1 1959

DEC 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

on by Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Licensed Embalmer No. 3602

P. O. Address Cainsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.