

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-043000

FILED VS. NOV 16 1959

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4480 Registrar's No. 43

ENDED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuyler				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop		Length of stay in 1b		c. CITY OR TOWN Greentop		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Greentop		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Clarence Middle O. Last Booth				4. DATE OF DEATH Month Nov. Day 12 Year 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/20/1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (City and state or country) Fielding, Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Eugene E. Booth			13b. MOTHER'S MAIDEN NAME Rose		14. NAME OF HUSBAND OR WIFE Florence Day 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. 485 07 2235		17. INFORMANT Address Florence Booth, Greentop, 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) Cerebral Thrombosis DUE TO (b) Arterial Embolism DUE TO (c) site unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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 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 _____ .e.m. _____ .p.m. _____		Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 1958 to 11-12-59 and last saw him alive on 11-9-59 Death occurred at 11.15 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Frank Booth				22b. ADDRESS Greentop, Mo.		22c. DATE SIGNED 11-12-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/13/59	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		23d. LOCATION (City, town, or county) Meriden, Iowa		(State)	
24. FUNERAL DIRECTOR Palmer			ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 11-14-59	26. REGISTRAR'S SIGNATURE Wm. R. Drake		

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

George W. Davel

Licensed Embalmer No.

4799

P. O. Address

Kirkwood

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.