

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 17 1959

'59 0 4 4 8 4 1

STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 5829 Registrar's No. 28

ENDED

1. PLACE OF DEATH a. COUNTY Missouri NEW MADRID				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tenn. b. COUNTY Dickson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville		Length of stay in 1b 3 Wks.		c. CITY OR TOWN Dickson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. 2			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Dickson, Tenn.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Kelly Middle Booker, Jr. Last Booker, Jr.				4. DATE OF DEATH Month Nov. Day 29, Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 4-12-31	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min.	IF UNDER 24 HR Hours <input type="checkbox"/> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Dickson Co., Tenn.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Kelly Booker, Sr.			13b. MOTHER'S MAIDEN NAME Nora Pearl Mills			14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean			16. SOCIAL SECURITY NO. X		17. INFORMANT Address Kelly Booker, Dickson, Tenn.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound in chest							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)						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.) accidentally shot while hunting					
20c. TIME OF INJURY Hour 2 P.M. a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 11-29-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		20f. CITY, TOWN, OR LOCATION near Wardell		COUNTY Pe	STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 2 P.M. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Eds Hedgepeth</i> (Degree or title) Coroner				22b. ADDRESS New Madrid, Mo.			22c. DATE SIGNED 11-30-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-29-59	23c. NAME OF CEMETERY OR CREMATORY Dickson Cemetery			23d. LOCATION (City, town, or county) (State) Dickson, Tenn.			
24. FUNERAL DIRECTOR ADDRESS Dickson Funeral Home, Dickson, Tenn.				25. DATE RECD. BY LOCAL REG. 12-4-59		26. REGISTRAR'S SIGNATURE <i>Elmer D. McLean</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
DEC 20 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, IA

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.