

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009463

FILED VS MAR 10 1960

Registration District No. 225 Primary Registration District No. 4480 Registrar's No. 4480 STATE FILE NUMBER 7

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Home		d. STREET ADDRESS (If outside, give location) Benton Twp.	
3. NAME OF DECEASED (Type or print) First Leonard Middle C. Last Booth		4. DATE OF DEATH Month Feb. 23, 1960 Day Year	
5. SEX M.	6. COLOR OR RACE W.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1/4/1881
9. AGE (last birthday) 79		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Peoria Co., Ill		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James C. Booth		13b. MOTHER'S MAIDEN NAME Emiline Farmer	
14. NAME OF HUSBAND OR WIFE Mary Isabelle Martin		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. None		17. INFORMANT Ralph E. Booth, Kirksville, 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) Myocardial Infarction DUE TO (b) Coronary Sclerosis DUE TO (c) Atherosclerosis 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) Fracture of Right Femur, subtrochanteric.		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Due to fall	
20c. TIME OF INJURY Hour a.m. p.m. Jan 30 60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. CITY, TOWN, OR LOCATION Kirksville		20f. COUNTY Adair	
20g. STATE Mo		20h. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
21. I attended the deceased from 2-17-60 to 2-23-60 and last saw him alive on 2-23-60 Death occurred at 10:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank J. Ad		22b. ADDRESS Greentop, Missouri	
22c. DATE SIGNED 2-24-60		22d. DATE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/25/60	
23c. NAME OF CEMETERY OR CREMATORY White Chapel Memorial Gardens		23d. LOCATION (City, town, or county) Canton Illinois	
24. FUNERAL DIRECTOR Paul M. Riley		25. DATE RECD. BY LOCAL REG. 2-24-1960	
26. REGISTRAR'S SIGNATURE Mrs. R. P. Greer		27. ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

VS MAR 14 1960

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

Richard R. Ellis

Licensed Embalmer No. 5036

P. O. Address Kirkville, 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.