

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1 1968

60-010721

Registration District No. 382 Primary Registration District No. 4328 Registrar's No. 8 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Glasgow</u>		c. CITY OR TOWN <u>Glasgow</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First John Middle - Last BOOKER 4. DATE OF DEATH Month March Day 17 Year 1960

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Feb. 25, 1873 9. AGE (last birthday) 87

10. USUAL OCCUPATION (Give kind of work done during week of working life even if retired) Section Hand 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Glasgow, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Booker 13b. MOTHER'S MAIDEN NAME Caroline 14. NAME OF HUSBAND OR WIFE Jennie Woods Booker

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. Not available 17. INFORMANT Mrs. John Booker Address Glasgow, 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) Cardiac Arrest
DUE TO (b) Atherosclerosis
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 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.) _____

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 1951 to 1960 and last saw him alive on Mar 2 - 1960
Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. N. ... (Degree or title) D.O. 22b. ADDRESS ... 22c. DATE SIGNED 3-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar 20, 1960 23c. NAME OF CEMETERY OR CREMATORY Lincoln 23d. LOCATION (City, town, or county) Glasgow Mo.

24. FUNERAL DIRECTOR Lieumont Samuel Home ADDRESS Glasgow, Mo. 25. DATE RECD. BY LOCAL REG. 3-19-60 26. REGISTRAR'S SIGNATURE Walker Audsley

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 1 1960

STATEMENT BY LICENSED EMBALMER

0961 8 PR 8

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 *Ed Triemont*

Licensed Embalmer No. 3978
P. O. Address Glasgow, N.Y.

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.