

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JUL 25 1960

-60-027754

Registration District No. 251 Primary Registration District No. \_\_\_\_\_ Registrar's No. 172 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Polk Township</b>		Length of stay in lb <b>39 years</b>	c. CITY OR TOWN <b>Maryville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Family Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7 miles northwest</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>ALICE</b> Last <b>BOOTH</b>			4. DATE OF DEATH Month <b>7</b> Day <b>22</b> Year <b>60</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/9/94</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Wilcox, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>James E. Huff</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Ellen Nelson</b>	14. NAME OF HUSBAND OR WIFE <b>Earl Ray Booth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Earl R. Booth, Maryville, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral metastasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of the cervix</b>		<b>18 mos</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 <b>Wilcox, Missouri</b>	COUNTY <b>Wilcox</b>	STATE <b>Missouri</b>
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21. I attended the deceased from 7/22/60 to 7/22/60 and last saw her alive on 7.17.60  
 Death occurred at 12:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Dr. Ryan M. D.</b>	22b. ADDRESS <b>St. Joseph, Missouri</b>	22c. DATE SIGNED <b>7/23/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7/24/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wilcox</b>	23d. LOCATION (City, town, or county) (State) <b>Wilcox, Missouri</b>
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24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-23-60</b>	26. REGISTRAR'S SIGNATURE <b>Beas / Holt</b>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**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

*John W. Price*

Licensed Embalmer No. 4281

P. O. Address: Maryville

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.