

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035791

FILED VS SEP 20 1960

STATE FILE NUMBER

Registration District No. 285 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Randolph</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN <u>Huntsville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway 3 - Mt. Airy</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>W. Clay St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Kenneth</u> Middle <u>Wayne</u> Last <u>Boots</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>22</u> Year <u>1960</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-24-1936</u>		9. AGE (last birthday) <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (City and state or country) <u>Moberly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Forrest Wayne Boots</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sanders</u>			14. NAME OF HUSBAND OR WIFE <u>Berenda Joyce Boots</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes 1955</u>			16. SOCIAL SECURITY NO. <u>559-04-2886</u>		17. INFORMANT Address <u>Mrs. K. W. Boots Huntsville</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Internal and external hemorrhage due to accident</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>		
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.) <u>While driving truck apparently lost control, running</u>					
20c. TIME OF INJURY Hour <u>1:15</u> Month, Day, Year <u>8-22-60</u> X <input checked="" type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>Into deep ditch, thrown under demolished tractor.</u>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 3</u>			20f. CITY, TOWN, OR LOCATION <u>Randolph</u>		COUNTY <u>Mo.</u>		STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>1:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Paul D. Gally Sr. Coroner</u>				22b. ADDRESS <u>2828 N. Clark St.</u>			22c. DATE SIGNED <u>8-24-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-24-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		23d. LOCATION (City, town, or county) <u>Moberly Mo.</u>		STATE	
24. FUNERAL DIRECTOR <u>Mahan Funeral Service</u>				ADDRESS <u>Moberly</u>		25. DATE RECD. BY LOCAL REG. <u>9-6-1960</u>		26. REGISTRAR'S SIGNATURE <u>Marjorie Bentley</u> <u>Deanna Patterson</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 22 1960

SEP 22 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *John A. Galena*

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to conform 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.