

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045925

FILED VS. DEC 3, 1960

149

Primary Registration District No. 1002

Registrar's No. 6256

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 30 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION NEW HOPE NURSING HOME				d. STREET ADDRESS (If outside, give location) 3301 CAMPBELL STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LOTTIE Middle B. Last BOOTH				4. DATE OF DEATH Month DEC. Day 10 Year 1960				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/14/93		
9. AGE (last birthday) 67		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) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) LEESBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JAMES RILEY			13b. MOTHER'S MAIDEN NAME JOSEPHINE DUNCAN			14. NAME OF HUSBAND <i>or wife</i> SANDERS BOOTH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT ROBERT J. BOOTH			
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							INTERVAL BETWEEN ONSET AND DEATH YES	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIO SCLEROSIS							YES	
DUE TO (c) Diabetes Mellitus							YES	
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 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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 COUNTY _____ STATE _____		
21. I attended the deceased from Dec 3, 1960 to Dec 10, 1960 and last saw her alive on Dec 9, 1960 Death occurred at Dec 10, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (If three or title) John M. Casebolt M.D.				22b. ADDRESS 4000 Ballmore, N. P. Mo		22c. DATE SIGNED Dec 13, '60		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC. 13, 1960		23c. NAME OF CEMETERY OR CREMATORY JOHNSON CO. MEMORIAL GARD.		23d. LOCATION (City, town, or county) (State) JOHNSON CO. KANSAS		
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS				25. DATE RECD. BY LOCAL REG. 12-13-60		26. REGISTRAR'S SIGNATURE A. L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF M. Casebolt 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 Harry E. Clemens

Licensed Embalmer No. 4550

P. O. Address Plena

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.