MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1961

-61-000276
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 21

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
9			
X			
02			

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH — Length of stay in 1b: 26½ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2 — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew
c. CITY OR TOWN Savannah — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First NELLA Middle Last BOOHER
4. DATE OF DEATH Month Day Year January 6, 1961
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-12-85
9. AGE (last birthday) 75 — 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) patient
10b. KIND OF BUSINESS OR INDUSTRY - - -
11. BIRTHPLACE (City and state or country) Savannah, Mo.
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Charles Booher
13b. MOTHER'S MAIDEN NAME Sallie Shanks
14. NAME OF HUSBAND OR WIFE - - - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. - - -
17. INFORMANT Address records State Hospital, St. Joseph

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	unk.
DUE TO (c)	Generalized arteriosclerosis	unk.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Schizophrenia, hebephrenic

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 Jan 6-1961, to Jan 6-1961 and last saw her alive on Jan 6-1961
Death occurred at 6:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H.F. Mundy, M.D. (Degree or title)
22b. ADDRESS St. Joseph Mo
22c. DATE SIGNED Jan 6-1961

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 1-6-61
23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery
23d. LOCATION (City, town, or county) (State) Savannah, Missouri

24. FUNERAL DIRECTOR BREIT & HAWKINS ADDRESS SAVANNAH
25. DATE RECD. BY LOCAL REG. Jan. 10, 1961
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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.