

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007277

STATE FILE NUMBER

AMENDED

Registration District No. 325  
FILED VS FEB 27 1961

Primary Registration District No. 4480

Registrar's No. 5

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop		c. CITY OR TOWN Greentop	
Length of stay in 1b 13 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway #63		d. STREET ADDRESS (If outside, give location) Highway #63	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Albert Eli Bookout			
4. DATE OF DEATH February 15, 1961			
5. SEX male	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 9/3/1889
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 5 Days 12	
IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Operator		10b. KIND OF BUSINESS OR INDUSTRY Gasoline Service Sta.	
11. BIRTHPLACE (City and state or country) Adair County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Lee Bookout		13b. MOTHER'S MAIDEN NAME Sarah Kelly	
14. NAME OF HUSBAND OR WIFE Maude E. Fitzgerald		Address	
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. 492-28-1484	
17. INFORMANT Mrs. Leon (Juanita) Pearce, Greentop, Mo.		Address	
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 DUE TO (b) Coronary Thrombosis. DUE TO (c) Atherosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
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 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 1957 to 2-15-61 and last saw him alive on 2-15-61 Death occurred at 3 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank Frost MD		22b. ADDRESS Greentop Mo	
22c. DATE SIGNED 2-16-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/17/1961	23c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery	23d. LOCATION (City, town, or county) Greentop, Mo.
23e. STATE (State)			
24. FUNERAL DIRECTOR Inc. ADDRESS Dee Riley Funeral Home, Kirksville, Mo. W. K. Jackson, Pres.		25. DATE RECD. BY LOCAL REG 2-20-61	
26. REGISTRAR'S SIGNATURE Perry Stacy			

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1961

**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 Wm H. Jackson

Licensed Embalmer No. 3854

P. O. Address Kirkville Mo

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.