

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009922

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 330

**FILED** MAR 26 1962

VS 300  
Rev. 4/59

1 5117

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1291-5

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF H. W. HIEBER, M.D. MEDICAL CERTIFICATION

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  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake Blvd & Highway ~~829~~ 759 Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY OR TOWN St. Joseph Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1021 So. 16th St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
JAMES IRVIN BOOTMAN March 19 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2/14/1906 9. AGE (last birthday) 56 IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY City of St. Joseph 11. BIRTHPLACE (City and state or country) Lamoni Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Edward Bootman 13b. MOTHER'S MAIDEN NAME Lydia Jane Dailey 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. [Redacted] 17. INFORMANT Address Mrs. Susie Singleton St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Unattended Death-Apparently Natural Causes;  
DUE TO (b) Investigated by City Health Department.  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)

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.  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. Month, Day, Year p.m.

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 \_\_\_\_\_, to \_\_\_\_\_ and last saw <sup>him</sup> ~~her~~ alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print) Robert W. Lick, M.D. City Health Officer 22b. ADDRESS St Joseph Mo 22c. DATE SIGNED 3-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/21/62 23c. NAME OF CEMETERY OR CREMATORY Morris Chapel Cemetery 23d. LOCATION (City, town, or county) (State) Harrison County Missouri

24. FUNERAL DIRECTOR Stoney Funeral Home ADDRESS St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Mar. 21, 1962 26. REGISTRAR'S SIGNATURE Mrs. Clark Modell

USE BLACK INK OR TYPEWRITER RIBBON

**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 Charles E Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.