

FILED OCT 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33350**
5506
3-0-23
Registrar's No. **528**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3-0-23		Registrar's No. 528			
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry					
b. CITY OR TOWN Near Creighton Hwy 35		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Clinton		d. STREET ADDRESS (If rural, give location) 501 south second st.			
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXX									
3. NAME OF DECEASED (Type or Print) Freda Booth			a. (First)			b. (Middle)			
4. DATE OF DEATH October 18, 1951			c. (Last)			7. DATE OF BIRTH September 27, 1899			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		9. AGE (In years last birthday) 52			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hatchery owner		10b. KIND OF BUSINESS OR INDUSTRY Hatcheries		11. BIRTHPLACE (State or foreign country) Henry Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Jasper Gale			13b. MOTHER'S MAIDEN NAME Nola Gaunt			14. NAME OF HUSBAND OR WIFE Royal Booth			
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.		17. INFORMANT'S SIGNATURE OR NAME Edna Johnson ADDRESS Clinton, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURED CERVICAL VERTEBRAE (INTERNAL INJURIES, MULTIPLE FRACTURES) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH INSTANT	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				816.4					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY 35		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) CREIGHTON HENRY MO.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCT 18 1951 2:45 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? AUTO ACCIDENT					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 16 OCT. , 1951, and that death occurred at 2:45 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Hugh B. Walker, MD (Degree or title)				23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 19 Oct 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1951 October 21		24c. NAME OF CEMETERY OR CREMATORY Englewood		24d. LOCATION (City, town, or county) (State) Clinton, Missouri			
DATE REC'D BY LOCAL REG. Oct 21-51		REGISTRAR'S SIGNATURE Florence Adave		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Consalus ADDRESS Clinton, Missouri					

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed OCT 29 1951

VS FEB 10 1960

to be used for record

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OCT 31 1952

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OCT 31 1952

NOV 2 1951

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

Student Embalmer

Signed

Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.