

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8190

State File No.

BIRTH NO.		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>4174</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Malden</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>		0351	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>210 North Madison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leta</u>		b. (Middle) <u>Booking</u>		c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 22, 1950</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>10 December 1878</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Lathrop, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James H. Booking</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Moberly Brooking</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie L. Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-26-3533A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessye L. Brown</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, Multiple</u> INTERMITTENT <u>Hypertensive Arteriosclerotic Cardiovascular-renal disease</u> DUE TO (b) <u>intermittent</u> DUE TO (c) <u>vascular-renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Malden, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 1948</u> , to <u>22 March 1950</u> , that I last saw the deceased alive on <u>22 March 1950</u> , and that death occurred at <u>2 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles L. Williams M.D.</u>				23b. ADDRESS <u>Malden, Missouri</u>		23c. DATE SIGNED <u>23 March 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 23-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-30-50</u>		REGISTRAR'S SIGNATURE <u>J. W. Schaeffer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace R Knight</u>		ADDRESS <u>Malden, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-3-50
COUNTY FILE NUMBER 450-716

SEP
9 1957

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. 4514

working under my personal supervision.

Signed *Wallace R Knight*

Signed.....
Student Embalmer

Licensed Embalmer No. 4514

P. O. Address *Malden, 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.