

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29273**

FILED SEP 28 1950

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>253</u>	
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>			
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>RURAL - LYON TWP 0520</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.C.O.S.</u>				d. STREET ADDRESS (If rural, give location) <u>1/2 MI. SOUTH OF HURDLAND</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BEATRICE</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>BOOCH</u>	
4. DATE OF DEATH		(Month) <u>SEPT</u>		(Day) <u>15</u>		(Year) <u>1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>SEPT 11, 1910</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>KNOX CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHAS. M. BOOCH</u>		13b. MOTHER'S MAIDEN NAME <u>ALLIE WOODARD</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN WOODARD HURDLAND-MO</u>			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c):		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anoxia</u>		II. ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>pussepnechetosis of lung 4 months</u>					<u>24 hours</u>
III. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							<u>190X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>July 27, 1950</u> , to <u>Sept 15, 1950</u> , that I last saw the deceased alive on <u>Sept 15, 1950</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M T Stutenbach D.O.</u>				23b. ADDRESS <u>Fairville, Mo</u>		23c. DATE SIGNED <u>9-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F. O. O. F.</u>		24d. LOCATION (City, town, or county) (State) <u>HURDLAND MO</u>	
DATE REC'D BY LOCAL REG. <u>9-16-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe Bradley Hurdland Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 29 1950

Date Received: SEP 25 1950
DISTRICT HEALTH OFFICE #
District File Number 8-52
Date Filed: SEP 27 1950

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 _____

working under my personal supervision.

Student Embalmer No. 3755

Signed _____

Geo B. Eashy Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3755

P. O. Address Sturdeant Ma

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.