

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **30067**

Registrar's No. **116**

BIRTH NO. _____ REG. DIST. NO. **134** PRIMARY REG. DIST. NO. **4208**

| | | | |
|--|---|---|------------------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY Harrison | b. CITY (If outside corporate limits, write RURAL and give township) Cainsville | a. STATE Missouri | b. COUNTY Harrison |
| c. LENGTH OF STAY (in this place) All life | | c. CITY (If outside corporate limits, write RURAL and give township) Cainsville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|--|---|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) EVA | b. (Middle) F. | c. (Last) BOOTH | August 30 1951 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH August 5 1888 | | 9. AGE (In years last birthday) 63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Saleslady | | 10b. KIND OF BUSINESS OR INDUSTRY Fire Wind Insurance | | 11. BIRTHPLACE (State or foreign country) Cainsville, Missouri. | |
| | | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | |

| | | |
|--|---|---|
| 13a. FATHER'S NAME Herbert T. Rogers | 13b. MOTHER'S MAIDEN NAME Maggie Burrows | 14. NAME OF HUSBAND - OR - WIFE - O. R. Booth Deceased. |
| 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. 495-09-0243 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elmo M. Booth Cainsville, Mo. |

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|--|--|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis. | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | |

| | | |
|---|---|--|
| 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) | 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) (m.) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE (Degree or title) Robert W. Boyers Coroner. 3 | 23b. ADDRESS Ridgeway, Missouri. | 23c. DATE SIGNED 9/1/51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept. 2, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery |
| | | 24d. LOCATION (City, town, or county) (State) Cainsville, Mo. |

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|---|---|---|--|
| DATE REC'D BY LOCAL REG. Sept. 25-1951 | REGISTRAR'S SIGNATURE S. P. Shaw | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Cainsville, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

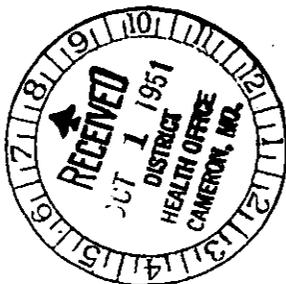
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10-48

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

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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

Eddie J. Stoklasa.

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.