No. 300
10-48

FILED JAN 11 1952

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

State File No. 42263

BIRTH NO. 86-319-51 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 406

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

**1. PLACE OF DEATH**
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Mo.
c. LENGTH OF STAY (in this place): 10 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Center, Missouri. 0870
d. STREET ADDRESS (If rural, give location): /

**3. NAME OF DECEASED** (Type or Print)
a. (First): Donald
b. (Middle): —
c. (Last): Booher.

**4. DATE OF DEATH** (Month) (Day) (Year): Dec, 22, 1951.

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Child
**8. DATE OF BIRTH**: Dec, 22, 1951.
**9. AGE** (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 10 Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Child
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Hannibal, Missouri.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Eugene Booher
**13b. MOTHER'S MAIDEN NAME**: Betty Horn.
**14. NAME OF HUSBAND OR WIFE**: Child.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Eugene Booher
**ADDRESS**: Center, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): erythroblastosis foetalis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rho(-) Rh(-) mother
DUE TO (c): Rho(+) Rh(+) father

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**: 7700
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec 22, 1951, *to* Dec 22, 1951, *that I last saw the deceased alive on* Dec 22, 1951, *and that death occurred at* 10:00 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Erwan D Hensel M.D.
**23b. ADDRESS**: Vandalia, Missouri.
**23c. DATE SIGNED**: 12-22-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec, 24, 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Olivet Cemetery
**24d. LOCATION** (City, town, or county) (State): Center, Missouri.

**DATE REC'D BY LOCAL REG.**: 12-31-51
**REGISTRAR'S SIGNATURE**: H C Fishan, D E M Lucke Deputy
**25. FUNERAL DIRECTOR'S SIGNATURE**: Couch + Wilbey
**ADDRESS**: Center, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 6 1952
MO. STATE BD. HEALTH DEPT.
DATE FILED JAN 6 1952

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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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Clyde C. Willey
Licensed Embalmer No. 3826.
P. O. Address Perry, Missouri.

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.