

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24745

FILED JUL 18 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 283

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY: <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1407 W. Short 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1407 W. Short</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Doc</u> b. (Middle) <u>Charles</u> c. (Last) <u>Booker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1952</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 9, 1878</u>	9. AGE (In years last birthday) <u>73</u> If under 1 year: Months <u>8</u> Days <u>25</u> Hours <u></u> Mins. <u></u>
--------------------	-------------------------------	---	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Planing Mill</u>	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	---	--	---

13a. FATHER'S NAME <u>J.A. Booker</u>	13b. MOTHER'S MAIDEN NAME <u>Heneritta Bonless</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Anne Booker</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>514-18-1389</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mabel A. Booker</u> ADDRESS <u>Indep Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Hypertension</u> rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
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 <u>331X</u>	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) (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 7/4, 1952, to 7/4, 1952, that I last saw the deceased alive on 7/4, 1952, and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Vance E. Link</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>7/5/52</u>
---	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7-7-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert R. Speaks</u> ADDRESS <u>Indep Mo.</u>
--	--	---

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

3485

MS
APR 29 1969

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

Raymond M. Hardy

Student Embalmer No. *452*

working under my personal supervision.

Student *Raymond M. Hardy*
Student Embalmer

Signed *Roland P. Feakes*
Licensed Embalmer No. *3604*

P. O. Address *Indep, 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.