

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10740**

3270
FILED APR 1 1953
BIRTH NO. REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **34**

0732
0

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

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. LENGTH OF STAY (In this place) 1 da	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby 0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) CATHERINE c. (Last) BOOTHE			4. DATE OF DEATH (Month) (Day) (Year) 3-18-53		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 1-10-1953	9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Neosho Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Orville Boothe		13b. MOTHER'S MAIDEN NAME Clara Linder		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Boothe Granby		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis, Cause undetermined 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.				INTERVAL BETWEEN ONSET AND DEATH 2 days
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) 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 3-17 , 1953, to 3-18 , 1953, that I last saw the deceased alive on 3-18 , 1953, and that death occurred at 2 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold C. Rutz, M.D.			23b. ADDRESS Neosho, Mo		23c. DATE SIGNED 3-21-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-19-53	24c. NAME OF CEMETERY OR CREMATORY Fairview Cem. Granby, Mo	24d. LOCATION (City, town, or county) (State) Mo		
DATE REC'D BY LOCAL REG. 3-21-53	REGISTRAR'S SIGNATURE Melvin C. Bauman		25. FUNERAL DIRECTOR'S SIGNATURE Melvin C. Bauman	ADDRESS Granby Mo	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 353-64

Date Filed MAR 31 1953

NEOSHO, MISSOURI

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 F. E. Shewmake Jr.

Licensed Embalmer No. 4923

P. O. Address Box 58, Granby, 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.