

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7273

State File No. _____
Registrar's No. _____

FILED MAR 28 1955
BIRTH NO. 7534-55

REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gentry <u>0380</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 17 days	- c. CITY OR TOWN Albany
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Rex c. (Last) Booher			4. DATE OF DEATH (Month) (Day) (Year) March 20, 1955
5. SEX male <u>0</u>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH February 20, 1955
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1 Days _____	IF UNDER 1 HRS. Hours _____ 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 (City and State or Foreign Country) Albany, Missouri <u>0</u>
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James S. Booher	
13b. MOTHER'S MAIDEN NAME Luella Wood		14. NAME OF HUSBAND OR WIFE _____	
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. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. James Booher, Albany, Missouri		ADDRESS _____	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction bowels		INTERVAL BETWEEN ONSET AND DEATH Birth
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.		5705

19a. DATE OF OPERATION 3-15-55	19b. MAJOR FINDINGS OF OPERATION Obstruction jejunum, Congenital		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Joseph Buch. Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buch. Mo.	
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 3-9, 1955, to 3-20, 1955, that I last saw the deceased alive on 3-20, 1955, and that death occurred at 12:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE H. Petersen M.D.	(Degree or title)	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 3-21-55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3/20/1955	24c. NAME OF CEMETERY OR CREMATOR Albany, Missouri	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. March 24, 1955	REGISTRAR'S SIGNATURE Barbara M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Walter Brown	ADDRESS St Joseph Mo
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(Licensed Embalmer's Statement on Reverse Side)

*Dr. Peterson
71111. Bldg*

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
Signature of Student Embalmer

Signed *Eugene Wood*

Licensed Embalmer No. *3802*

P. O. Address *39 S 10th St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.