

S. No. 300
V. 10.48

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27562

174

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5696 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LIVINGSTON	
b. CITY OR TOWN RURAL-JACKSON TWP	c. LENGTH OF STAY (In this place) 12 YEARS	c. CITY OR TOWN RURAL	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 17 MILES N.W. CHILLICOTHE		e. STREET ADDRESS (If rural, give location) 15 MILES N.W. CHILLICOTHE	

3. NAME OF DECEASED (Type or Print) a. (First) BYRON	b. (Middle) HOBERT	c. (Last) BOOTH	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 26, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 24 MARCH 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) ABBIEVILLE, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME JAMES F. BOOTH	13b. MOTHER'S MAIDEN NAME MARGARET ANN WYATT	14. NAME OF HUSBAND OR WIFE WINNIS HARPER BOOTH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 456-36-1928	17. INFORMANT'S SIGNATURE OR NAME MRS. B.H. BOOTH: R⁴ CHILLICOTHE, MO.	ADDRESS _____
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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, ashenia, 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) Carcinoma, liver, metastatic (Adeno)		4 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Urinary bladder		2 yrs
DUE TO (c) Carcinoma Kidney, Right		2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis, LEFT 180X		1 1/2 yrs	

19a. DATE OF OPERATION 23 MAR 55	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Urinary bladder & Right Kidney.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **7 June, 1954** to **26 Aug, 1956**, that I last saw the deceased alive on **1 Aug, 1956**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 27 Aug 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-28-56	24c. NAME OF CEMETERY OR CREMATORY Cain	24d. LOCATION (City, town, or county) (State) CAINSVILLE, MO.
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DATE REC'D BY LOCAL REG. Ag-27-56	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Norman	ADDRESS FUNERAL HOME: CHILLICOTHE, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

111-0

MAR 26 1937

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 *E. F. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.