

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1956

State File No. **32874**

BIRTH NO. _____ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **6153** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Salcedo	c. LENGTH OF STAY (In this place) 1 hr.	c. CITY OR TOWN Sikeston	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 Salcedo Road		STREET ADDRESS (If rural, give location) Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) Alvin	b. (Middle)	c. (Last) Booth, Jr.	4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1956
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Washington, Ark.	9. AGE (In years last birthday). Months Days Hours Min. 34
13a. FATHER'S NAME Alvin Booth, Sr.		13b. MOTHER'S MAIDEN NAME Lucille Pryor	14. NAME OF HUSBAND OR WIFE Willette Booth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.II	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Willette Booth, R. 1, Sikeston, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage and multiple lacerations and compound fractures		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road	21c. (CITY, TOWN, OR TOWNSHIP) Pike Twp., Stoddard County, Missouri (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 5, 1956 4 am.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ray W. Rainey	(Degree or title) Coroner	23b. ADDRESS Dexter, Missouri	23c. DATE SIGNED 8-30-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY McMullen Cemetery	24d. LOCATION (City, town, or county) (State) McMullen, Mo.

DATE REC'D BY LOCAL REG. 9/10/56	REGISTRAR'S SIGNATURE Dennis Moore	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. F. J. Sparks	ADDRESS Charleston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 4 1954

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

Student.....
Signature of Student Embalmer

Signed..... *Joe R. Runnels*

Licensed Embalmer No..... 1340

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