

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16206

STATE FILE NUMBER
511

FILED MAY 20 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 511

1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. JOSEPH				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. JOSEPH	
c. FULL NAME OF HOSPITAL OR INSTITUTION HOVEY'S NURSING HOME				Length of stay in lb 1 YR		d. STREET ADDRESS 708 1/2 No. 4TH	
3. NAME OF DECEASED (Type or print) First RICHARD Middle -- Last BOOTH				4. DATE OF DEATH Month MAY Day 4 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUG. 24, 1884	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. LABORER				10b. KIND OF BUSINESS OR INDUSTRY PACKING, MEAT		11. BIRTHPLACE (City and state or country) WATHENA, KANSAS	
13. FATHER'S NAME THOMAS BOOTH				14. MOTHER'S MAIDEN NAME LORA ANN CAMPBELL			
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. 496-05-4840		17. INFORMANT FORNIA BOOTH Address WATHENA, KANSAS.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							Unk.
DUE TO (b) General Arteriosclerosis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4200			
20c. TIME OF INJURY Hour 11 Month 5 Day 4 Year 1957 a. m. 10:15 p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Joseph, Mo.		COUNTY BUCHANAN STATE MISSOURI	
21. I attended the deceased from 2/11/57 to 5/4/57 and last saw him alive on 5/3/57 Death occurred at 10:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. E. Melaney M.D.</i> (Degree or title)				22b. ADDRESS Social Welfare Board 10th & Olive, Patee Hall St. Joseph, Mo.		22c. DATE SIGNED 5/5/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAY 8, 1957		23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY		23d. LOCATION (City, town, or county) (State) WATHENA, KANSAS	
24. FUNERAL DIRECTOR BARRY-HARMAN ADDRESS St. JOSEPH, Mo.				25. DATE RECD. BY LOCAL REG. May 13, 1957		26. REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Charles M. Hanna*

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.