

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012853

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 115-116 Primary Registration District No. 19020 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Sabadie</u> 0360
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		Length of stay in lb <u>1 hr.</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Daniel Joseph Bookover</u>			4. DATE OF DEATH Month Day Year <u>April 18, 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 13, 1956</u>
9. AGE (in years last birthday) IF UNDER 1 YEAR <u>2</u> Months <u>4</u> Days <u>5</u> Hours <u></u> Min.		10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>None</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Washington, Mo.</u>
13a. FATHER'S NAME <u>Guy R. Bookover</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Riley</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>Unknown</u>) (If yes, give war & dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Guy R. Bookover, Sabadie, R., Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Convulsion disorder, cause</u> DUE TO (b) <u>undetermined</u> (possibly acute U. R. I.) DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>475X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u>
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.)	
20c. TIME OF INJURY Hour _____ .Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>and next see him alive, but did do autopsy</u> to _____ and last saw her alive on _____ Death occurred at <u>12:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John P. Ryan MD</u>		22b. ADDRESS <u>Washington Mo</u>	22c. DATE SIGNED <u>4-17-59</u>
23a. BURIAL OR CREMATION, REMOVAL (Specify)	23b. DATE <u>April 20, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington, Missouri</u>
24. FUNERAL DIRECTOR <u>Wiegand & Witt, Inc. Washington, Mo</u> <u>L. H. Witt</u>		25. DATE RECD. BY LOCAL REG. <u>4-23-59</u>	26. REGISTRAR'S SIGNATURE <u>J.P. Hudson G.P. Hudson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Lester A. Pitt

Licensed Embalmer No. *3254*

P. O. Address *Washington, D.C.*

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.