ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

=62-002449
STATE FILE NUMBER

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 32

FILED FEB 5 1962

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Length of stay in 1b 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 387 North St — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Laclede
c. CITY OR TOWN Lebanon — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Route # 2 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First MINNIE Middle Last Booten
4. DATE OF DEATH Month Jan Day 24 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-4-72
9. AGE (last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Knox Co. Ill
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Theodore C. Booten
13b. MOTHER'S MAIDEN NAME Ellen Haynes
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Lawrence Mayfield — Address Lebanon, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia — 24 hrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1951, to Jan. 26, '62 and last saw her ~~him~~ alive on Jan. 26, 1962
Death occurred at 8.40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. W. Carrington M.D.
22b. ADDRESS Lebanon, Mo.
22c. DATE SIGNED 1-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-29-62
23c. NAME OF CEMETERY OR CREMATORY Lebanon City Cem.
23d. LOCATION (City, town, or county) Lebanon (State) Mo.

24. FUNERAL DIRECTOR Douglas Griswold — ADDRESS Lebanon, Mo
25. DATE RECD. BY LOCAL REG. 1-28-1962
26. REGISTRAR'S SIGNATURE Della L. Day

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — BY AFFIDAVIT OF — DOCUMENT — MEDICAL CERTIFICATION

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 James Douglas Thiewell

Licensed Embalmer No. 5099

P. O. Address Lebanon, Miss

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.