

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-022306**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 2717

**FILED JUL 16 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Weldon L. Sportsman, M.D.

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>                                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City North</u>   |   | Length of stay in 1b<br><u>1 month</u>  | c. CITY OR TOWN<br><u>Cainsville</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>6311 N. Grand</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>-</u>                      |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Gertrude</u> Middle <u>E</u> Last <u>Booth</u>  |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>16</u> Year <u>1962</u>   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><u>11-17-86</u>  |
| 9. AGE (last birthday)<br><u>75 years</u>   |   | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____  | IF UNDER 24 HR<br>Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Wappello, Iowa</u>            |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME<br><u>Scott Melson</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Loren Booth</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br><u>Gilbert Brown</u> Address <u>6311 N. Grand, K.C. North</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 min.</u>                             |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Pulmonary Emphysema and Fibrosis</u>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |   |   |  |
| 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<br><u>Cainsville, Missouri</u>   | STATE _____  |
| 21. I attended the deceased from <u>5-5-62</u> to <u>5-12-62</u> and last saw her/him alive on <u>5-11-62</u><br>Death occurred at <u>8:30</u> <u>am</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><u>Weldon L. Sportsman</u>  |   | 22b. ADDRESS<br><u>12100 N. Oak, K. C. 18, Mo.</u>  | 22c. DATE SIGNED<br><u>5-16-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>5-16-62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Cainsville, Missouri</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Stoloska Funeral Home</u> ADDRESS <u>Cainsville, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>5-19-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Ruth H Lang</u>                                |

USE BLACK INK OR TYPEWRITER RIBBON

**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.

**John R. Sedmon**

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4531

P. O. Address K. C. 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.