

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 683

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		<u>6001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>239 N. Galitin St.</u>				d. STREET ADDRESS (If rural, give location) <u>239 N. Galitin St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u>		b. (Middle) <u>Irene</u>		c. (Last) <u>Booker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 24, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>December 7, 1876</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Days <u>1</u>		IF UNDER 1 YEAR Hours <u>17</u>		IF UNDER 24 HRS. Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ashley, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Martin Bryant</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Allen</u>	
14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Mae Hinton</u> ADDRESS <u>Liberty, Missouri</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>002X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>2 years</u>	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>49</u> , to <u>Dec</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Dec</u> , 19 <u>53</u> , and that death occurred at <u>8:54 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James H. Shillington, M.D.</u> (Degree or title)				23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>1-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JAN. 28 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>LIBERTY, MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 26, 1953</u>		REGISTRAR'S SIGNATURE <u>William Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church Archer Co. Liberty, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6001
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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
Student Embalmer

Signed Harold Gordon Smith

Licensed Embalmer No. 45-75

P. O. Address Liberty, 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 this body is not embalmed, fact should be so stated above.