

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31772**

FILED SEP 18 1956

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4446** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) HARDIN		c. CITY OR TOWN HARDIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 60 yo.		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) BOYD c. (Last) BOOTH			4. DATE OF DEATH (Month) (Day) (Year) SEPT 10, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH FEB. 20, 1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER + FARMER		10b. KIND OF BUSINESS OR INDUSTRY Building + Farm	11. BIRTHPLACE (City and State or Foreign Country) RAY COUNTY Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME OTIS BOOTH		13b. MOTHER'S MAIDEN NAME FRANCES MARLEY		14. NAME OF HUSBAND OR WIFE MRS. OPAL BOOTH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. 500-14-0436		17. INFORMANT'S SIGNATURE OR NAME MRS. OPAL BOOTH ADDRESS HARDIN, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		ANTECEDENT CAUSES			?
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Myocardial Infarct		DUE TO (c)			?
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

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) m.		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 **Sept 7, 1956**, to **Sept 10, 1956**, that I last saw the deceased alive on **Sept 9, 1956**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Howard V.S. Mott, M.D. (Degree or title)		23b. ADDRESS Hardin, Mo.		23c. DATE SIGNED 9/11/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-56		24c. NAME OF CEMETERY OR CREMATORY HARDIN CEM.	
24d. LOCATION (City, town, or county) (State) HARDIN RAY Mo.					

DATE REC'D BY LOCAL REG. Sept 13 - 1956		REGISTRAR'S SIGNATURE Mabel Jackson		25. FUNERAL DIRECTOR'S SIGNATURE August Borcharding ADDRESS Hardin, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *August Brecheiding*

Licensed Embalmer No. *4678*

P. O. Address *Harden, 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.