

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

783

State File No.

FILED JAN 12 1953

BIRTH NO. 1069 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 2

0272

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tipton (Parents address)</u> <u>0680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u>	b. (Middle) <u>Clinton</u>	c. (Last) <u>Bookout</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2 53</u>
---	----------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED. <u>Never married</u>	8. DATE OF BIRTH <u>Jan. 1, 1953</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Hours <u>6</u> Min.
--------------------	-------------------------------	---	--------------------------------------	--	---------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>United Telephone Ex. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Billy Clinton Bookout</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Martha Miller</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Billy Bookout</u>	ADDRESS <u>Tipton, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis + pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute apical necrosis of heart</u>		
	DUE TO (c) <u>Aspiration of mucus</u>		
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 JAN 1, 1953, to JAN 2, 1953, that I last saw the deceased alive on JAN 2, 1953, and that death occurred at 11:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. T. Humphreys M.D.</u>	23b. ADDRESS <u>Boonville, Mo</u>	23c. DATE SIGNED <u>JAN. 7, 1953</u>
--	-----------------------------------	--------------------------------------

24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-7-53</u>	REGISTRAR'S SIGNATURE <u>D. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u>	ADDRESS <u>Tipton, Mo</u>
--	--	---	---------------------------

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, ~~XXXX~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

James E. Richman

Licensed Embalmer No. *2466*

P. O. Address *Dipton 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.