

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**66 0011577**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 783

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0550

2 1120

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4 0

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9 163XA

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12 93-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH <b>FILED MAR 30 1966</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		c. CITY OR TOWN <u>Seymour</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 4</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		Length of stay in lb <u>4 mo.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Webster</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State sanatorium</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. 4</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>J.</u> Last <u>Bookout</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>7</u> Year <u>1966</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-16-1933</u>	9. AGE (last birthday) <u>32</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Christian County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Bookout</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy E. Sweet</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Bookout</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. <u>UNKNOWN</u>		17. INFORMANT Address <u>Hospital Record, Mo. S.S., Mt. Vernon, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Carcinoma of lung</u>							<u>approx. 6 mo.</u>
DUE TO (b) <u>Suspect metastasis from large intestine</u>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary tuberculosis, far advanced, quiescent.</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20e. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20g. CITY, TOWN, OR LOCATION		20h. COUNTY STATE	
20i. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20j. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20k. CITY, TOWN, OR LOCATION		20l. COUNTY STATE	
21. I attended the deceased from <u>11-10-65</u> to <u>3-7-66</u> and last saw <sup>her</sup> him alive on <u>3-7-66</u>							
Death occurred at <u>6:10</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>C. Hellweg M.D.</u>				22b. ADDRESS <u>Mt. Vernon, Mo.</u>		22c. DATE SIGNED <u>3-7-66</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>3-11-66</u>		23c. NAME OF CEMETERY OR CREMATORY <u>HAMMON Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>DOUGLAS Co. MO.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Robert Bergman Seymour, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3-28-66</u>		26. REGISTRAR'S SIGNATURE <u>Roy Shantham</u>		

USE BLACK INK OR TYPEWRITER RIBBON

