

CERTIFICATE OF DEATH

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 865

DO NOT WRITE ON THIS STUD

- 9. 1
- 10a. 73
- 10b.
- 11. 0
- 12. 2
- 13. 491 X
- 14. 4
- 15. 4
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 1-0

VS 300
Rev. 1/70

40168

5. 03

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0168

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Daisy E. Bookout</u>			2. <u>Female</u>		3. <u>Dec. 28, 1969</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>White</u>		5a. <u>73</u>	5b.	5c.	6. <u>April 11, 1896</u>	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. <u>Cape Girardeau</u>			7d. <u>Southeast Mo. Hospital</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Mo.</u>		9. <u>USA</u>		10. <u>Widowed</u>		11. <u>None</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>Unknown</u>		13a. <u>Housewife</u>		13b. <u>Home</u>		
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER
14a. <u>Mo.</u>		14b. <u>Girardeau</u>		14c. <u>Cape Girardeau</u>		14d. <u>Yes</u> 14e. <u>830 N. Spanish</u>
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Sam King</u>			16. <u>Katie Dunn</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>William A. Cotner</u>			17b. <u>130 Mason Cape Girardeau, Mo.</u>			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						8 Days
(a) <u>Pneumonia</u>		DUE TO, OR AS A CONSEQUENCE OF:				
(b) <u>Pulmonary Emphysema</u>		DUE TO, OR AS A CONSEQUENCE OF:				
(c) <u>Cardiac Decompensation</u>						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
<u>Chronic Bronchitis</u>					<u>no</u>	<u>no</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.		20f.		20g.		20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. <u>Jan 21 1969</u>		21b. <u>12 28 1969</u>		21c. <u>12 27 1969</u>		21d. <u>not</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.		22b. <u>1:00A</u>		22c. <u>12 28 1969</u>		22d. <u>1:00 A</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a.		23b. <u>Gerald M. Howarth M.D.</u>		23c.		23d. <u>1-00-69</u>
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		ZIP
23a.		23b. <u>210-Christine - Cape Girardeau Mo</u>		23c. <u>Mo</u>		23d. <u>63701</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. <u>Burial</u>		24b. <u>MC Lanes Chapel</u>		24c. <u>Cape Girardeau, Mo.</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. <u>Dec. 30, 1969</u>		24e. <u>Brinkopf Howell 536 Broadway Cape Girardeau Mo.</u>				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25b. <u>Walt Branchuda</u>		25a. <u>Jane Kasten</u>		26b. <u>Dec. 31-69</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 C. H. Estes

Licensed Embalmer No. 3568

P. O. Address Page Hill, 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.

Taken to Dr. Hopwood 12-29-68