

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

23055  
 Do not use this space.

REC'D JUL 25 1938

**1. PLACE OF DEATH**

(a) County Schuyler Registration District No. 805  
 (b) Township Lancaster Primary Registration District No. 4484  
 (c) City Lancaster (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Lancaster St.  Lancaster Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Theresa Butts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30, 1856

7. AGE YEARS 82 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler Co Mo.

FATHER 13. NAME Ed. Butts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Nancy Kratzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mr. Leonard Butts Lancaster Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Darby Cemetery DATE Jul. 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morehead Lancaster Mo.

20. FILED 7.4, 1938 Byrd J. Drake Medical Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938, to July 1, 1938. I last saw him alive on July 1, 1938. Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onset \_\_\_\_\_  
 Other contributory causes of importance: old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no.  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. R.E. Vaughan M. D. (Address) Lancaster, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, .....

*True E Morehead*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

*True E Morehead*

Licensed Embalmer No.

*3731*

P. O. Address

*Lancaster*

**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, above space should be left blank.**