

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5964
Registrar's No. 165

Registration District No. 85 Primary Registration District No. 1001

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 Albermarle
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years years, months or days)

3. (a) PRINT 364
FULL NAME MATTIE A. BUTTERLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife William F. Butterley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 19 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 11 24 hr. min.

9. Birthplace Platte County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Samuel H. Pepper
13. Birthplace Platte County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sophia B. Dunham
15. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Cora M. Pepper
(b) Address 701 Powell St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director FLEEMAN & SON, INC.
(b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) Feb. 15/40 (b) N. J. Nestlerod
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Albermarle
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1940 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec. 4, 1939, to Feb. 13, 1940
that I last saw her alive on Feb. 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion plus

Due to coronary sclerosis ? yrs

Due to 9/4/39

Other conditions arteriosclerosis (years) & hypertension
(Include pregnancy within 3 months of death)

Major findings none done
Of operations _____
Of autopsy not done

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? 85 (e) Means of injury _____

23. Signature J. T. Brown (M. D. certificate)
Address 1718 N. 2nd St. Date signed 2/14/40

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.....

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

Signed

A. J. Swan

Licensed Embalmer No.....

P. O. Address.....

St. Joseph

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.