

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 173

1. PLACE OF DEATH

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CALLAWAY HOSPITAL 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WK. (Specify whether years, months or days) 3 MONTHS

8. (a) PRINT FULL NAME Nellie Butchart

8. (b) If veteran, name war _____

8. (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 _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN. 6, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Sumner ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. H. Butchart

(b) Address Fulton, Mo.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof May 23, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation EUREKA, Ill.

18. (a) Signature of funeral director Wm. Y. Maupin

(b) Address 700 Court St. Fulton, Mo.

19. (a) May 23, 1940 (Date received local registrar)

(b) R. McCreese (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY

(c) City or town FULTON
(If outside city or town limits, write "RURAL")

(d) Street No. 510 GRAND AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Fall 1940
_____, 19____, to May 22, 1940.

that I last saw her alive on May 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Duration _____

Due to Myocardial Infarction - Hb

Due to Carcinoma of Caecum

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Caecum

Of operations _____

Of autopsy _____

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? 106

23. Signature Wm. Y. Maupin (M. D. or other) _____

Address 607 Court St. Fulton, Mo. (Specify type of place) _____

(e) Means of injury _____

28. Signature _____ (M. D. or other) _____

Address _____ Date signed 5-23-40

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

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, or by.....

John D. Batchelder....., Registered Apprentice No. *192*
working under my personal supervision.

Signed.....

Glen Y. Manpin

Licensed Embalmer No. *2725*

P. O. Address *Fulton, MD.*

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.