FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 74

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23799

Primary Registration District No. 3052

Registrar's No. 234

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 715 West 7th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 715 W. 7th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: IDA LUELLA BUTTERWORTH

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: F.

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: John L.

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

7. Birth date of deceased: December (Month) 16, (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
87	7	15	hr. min.

9. Birthplace: Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry Mostoller
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Dunham
15. Birthplace: Union Town Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. C. D. Demand
(b) Address: 1000 S. Barrett, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: D W Keehart
(b) Address: Sedalia Mo

19. (a) 8-3-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July 31st, 1948.
year: hour: 7.30 A.M. minute: M.

21. I hereby certify that I attended the deceased from: Over one year, 19, to, 19;
that I last saw her alive on: July 31st, 1948. 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis.	Over 1 year.
Due to: Senility.	Over 1 year.
Due to: Arterio- Sclerosis.	
Other conditions: None other. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None.
Of autopsy: None.

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: None.
(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: (e) Means of injury:

23. Signature: Jno B. Carlisle M.D. (M. D. or other) M.D.
Jno. B. Carlisle, M.D.
Address: Sedalia Mo Date signed: 8-3-48

Jno B. Carlisle M.D.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 8-12-48

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 Frank S. Coffman Jr., Registered Apprentice No. 16, working under my personal supervision.

Signed John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.