

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 426

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>31</u>		
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CALLAWAY</u>				
b. CITY OR TOWN <u>FULTON</u>		c. LENGTH OF STAY (in this place) <u>4 HRS</u>		c. CITY OR TOWN <u>FULTON</u>		d. STREET ADDRESS (If rural, give location) <u>109 W. 3<sup>rd</sup> St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CALLAWAY HOSPITAL</u>				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) <u>ALMA</u>			a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>BUTLER</u>	
4. DATE OF DEATH		(Month) <u>JAN</u>		(Day) <u>29</u>		(Year) <u>1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 20, 1868</u>		
9. AGE (In years last birthday) <u>80</u>		If UNDER 1 YEAR Months <u>1</u> Days <u>8</u>		If UNDER 12 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Sterling, ILL.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ELIJAH BUTLER</u>			13b. MOTHER'S MAIDEN NAME <u>Betty STINSON</u>			14. NAME OF HUSBAND OR WIFE <u>Nettie (CAMERON) BUTLER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alma Butler</u> ADDRESS <u>Fulton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage left cerebrum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>				
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension and generalized arteriosclerosis</u>				
DUE TO (c) <u>None</u>				II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				<u>None</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>				
22. I hereby certify that I attended the deceased from <u>29 Jan</u> , 19 <u>49</u> , to <u>29 Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>29 Jan</u> , 19 <u>49</u> , and that death occurred at <u>7:40</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E. R. Goshard</u> (Degree or title)				23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>31 Jan 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31<sup>st</sup> 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill-Crest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>		
DATE REC'D BY LOCAL REG <u>Jan 31-1949</u>		REGISTRAR'S SIGNATURE <u>Jesse Morsinkhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elen Y. Maupin</u>		ADDRESS <u>Fulton, Mo.</u>		

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
FEB 9 1949  
Date Filed

DEC 19 1952

**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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Walter J. Heines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.