

FILED DEC 12 1949 STANDARD CERTIFICATE OF DEATH

State File No. 36872

39

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1029	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Greene.			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Stockton			
d. FULL NAME OF HOSPITAL OR INSTITUTION. Burge Hospital				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Betty			b. (Middle) Bea		c. (Last) Butler		4. DATE OF DEATH (Month) (Day) (Year) 12-3-1949
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH 4-5-37		9. AGE (In years last birthday) 12	IF UNDER 1 YEAR Months _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harold Madison Butler		13b. MOTHER'S MAIDEN NAME Freeze		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS x Mrs. Mildred Butler			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) " " DUE TO (c) Congenital II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. aplastic anemia					INTERVAL BETWEEN ONSET AND DEATH 12 yr
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		2924	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 4-5, 1937, to Dec 3, 1949, that I last saw the deceased alive on 12/3, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Deane				23b. ADDRESS Springfield		23c. DATE SIGNED 12-3-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-5-1949	24c. NAME OF CEMETERY OR CREMATORY LINDLEY PRAIRIE		24d. LOCATION (City, town, or county) (State) CEDAR COUNTY, MO.		
DATE REC'D BY LOCAL REG. 12-6-49		REGISTRAR'S SIGNATURE W. H. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John A. Cantlon, Stockton, Mo			

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

FEB 8 1950

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 John A. Cantlon

Signed _____
Student Embalmer

Licensed Embalmer No. 4387

P. O. Address Stoughton, 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.