No. 300
10-48

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

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32966

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5292 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write rural township): St. Francisville
c. LENGTH OF STAY (In this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write rural township): St. Francisville
d. STREET ADDRESS (If rural, give location): 0230 0

3. NAME OF DECEASED (Type or Print)
a. (First): HOWARD
b. (Middle): DEWEY
c. (Last): BUTLER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Dec. 12 1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months: 10, Days: 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lab Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Luray Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Nelson F. Butler
13b. MOTHER'S MAIDEN NAME: Eunice Sidney Dewey
14. NAME OF HUSBAND OR WIFE: Anna May Butler
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.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Kate Edmonson
ADDRESS: Kahoka Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probably tubercular
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had been coughing much from epidemic flu

DOZX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Perry S. Barton (Degree or title): Coroner
23b. ADDRESS: Kahoka, Mo.
23c. DATE SIGNED: 10-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1, 1950
24c. NAME OF CEMETERY OR CREMATORY: Frazee Cem.
24d. LOCATION (City, town, or county) (State): Wayland, Mo.

DATE REC'D BY LOCAL REG.: 11/3-50
REGISTRAR'S SIGNATURE: J. C. Bridgeir
25. FUNERAL DIRECTOR'S SIGNATURE: Leathers Mrd.
ADDRESS: Kahoka

(Licensed Embalmer's Statement on Reverse Side)

Date Received: NOV 7 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-18
Date Filed: NOV 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Olin L. Sutting

Signed.....
Student Embalmer

Licensed Embalmer No. 2965

P. O. Address Luray

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.