

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5101 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Fairfield Alexander</u> c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfield</u> <u>SOFO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) JEANNETTE c. (Last) BUTTON 4. DATE OF DEATH (Month) (Day) (Year) July 6 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH June 26, 1854 9. AGE (In years last birthday) Months Days 97 0 0 IF UNDER 18 USE Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY --- 11. BIRTHPLACE (State or foreign country) Benton Co 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. W. Cox 13b. MOTHER'S MAIDEN NAME Audeline Martow 14. NAME OF HUSBAND OR WIFE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter J. Button Warsaw, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Senility MEDICAL CERTIFICATION/ INTERVAL BETWEEN ONSET AND DEATH Un Known

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility

ANTECEDENT CAUSES DUE TO (b) ---

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION --- 19b. MAJOR FINDINGS OF OPERATION --- 20. AUTOPSY? YES NO 794X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 11 June, 1951, to 6 July, 1951, that I last saw the deceased alive on 11 June, 1951 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David H. Glenn M.D. 23b. ADDRESS Warsaw Mo 23c. DATE SIGNED 7 July 51

24a. BURIAL, CREMATION, REMOVAL (Specify) RURAL 24b. DATE July 8, 1951 24c. NAME OF CEMETERY OR CREMATORY L. P. Union 24d. LOCATION (City, town, or county) (State) Benton Co. MO.

DATE REC'D BY LOCAL REG. July 7-1951 REGISTRAR'S SIGNATURE Jas. A. Logard 23 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John F. Reser Warsaw, Mo

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

0080

RECEIVED

7-9-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-9-51

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.

Student _____
Student Embalmer

Signed John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.