No. 300
10.48

FILED SEP 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28338

BIRTH NO. — REG. DIST. NO. 232 PRIMARY REG. DIST. NO. 4747 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown
c. LENGTH OF STAY (in this place): —
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: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN: Middletown
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0702

3. NAME OF DECEASED (Type or Print)
a. (First): Mary (Mollie)
b. (Middle): Jane
c. (Last): Butler

4. DATE OF DEATH (Month) (Day) (Year): Aug 26 1954

5. SEX: F
6. COLOR OR RACE: White USA
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 14 1882
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Pike Co Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Hobbs
13b. MOTHER'S MAIDEN NAME: Sarah Ellen Jarboe
14. NAME OF HUSBAND OR WIFE: John W Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: J W Butler — **ADDRESS**: Middletown, 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): Cardio-Vascular-Renal disease — INTERVAL BETWEEN ONSET AND DEATH: aug 24, 1954 to aug 26, 1954

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

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

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: 442 X
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* Aug 24, 1954, *to* Aug 26, 1954, *that I last saw the deceased alive on* Aug 26, 1954, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. R. Titus (Degree or title): D.O.
23b. ADDRESS: Middle town, Mo.
23c. DATE SIGNED: Aug 28, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 29 1954
24c. NAME OF CEMETERY OR CREMATORY: Fairmount
24d. LOCATION (City, town, or county) (State): Middletown, Mo

DATE REC'D BY LOCAL REG.: Aug 28-1954
REGISTRAR'S SIGNATURE: Mrs. Zoe Chapman
25. FUNERAL DIRECTOR'S SIGNATURE: A. B. Ritchett — **ADDRESS**: Middletown Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 2 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold C. Kirk

Licensed Embalmer No. 459.

P. O. Address Bowling G

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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