

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38078**

FILED NOV 29 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>MADISON ST.</b>		d. STREET ADDRESS (If rural, give location) <b>MILL ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LUCINDA</b> b. (Middle) <b>BUTLER</b> c. (Last) <b>BROWN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 21, 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>DEC. 25, 1894</b>		9. AGE (In years: last birthday) <b>62</b>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <b>10 26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PARIS, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>ALFRED BUTLER</b>		13b. MOTHER'S MAIDEN NAME <b>ANNIE HARRIS</b>		14. NAME OF HUSBAND OR WIFE <b>RICHARD BROWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MAUDE ESSIE MOORE COLUMBIA Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> <b>Coronary Vent. Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>4201</b>	
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 \_\_\_\_\_, 19\_\_\_\_, to **11-21**, 19**54**, that I last saw the deceased alive on **11-21**, 19**54**, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm M. [Signature] M.D.</b>		23b. ADDRESS <b>PARIS Mo.</b>		23c. DATE SIGNED <b>11-22-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>11-25-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>	
24d. LOCATION (City, town, or county) (State) <b>PARIS, MO.</b>					

DATE REC'D BY LOCAL REG. <b>11-22-54</b>		REGISTRAR'S SIGNATURE <b>F. A. Barnett, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Speed &amp; Blakey, PARIS, MISSOURI</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0690  
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**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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

**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.