

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21038**

FILED AUG 1- 1955

BIRTH NO. _____		REG. DIST. NO. <b>20</b>		PRIMARY REG. DIST. NO. <b>4031</b>		Registrar's No. <b>19</b>	
1. PLACE OF DEATH a. COUNTY <b>Bates</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adrian</b>		c. LENGTH OF STAY (In this place) <b>10 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Adrian</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b> b. (Middle) <b>Lee</b> c. (Last) <b>Button</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1955</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 14, 1881</b>	
9. AGE (In years last birthday) <b>73</b>		10. MONTH (Day) (Year) <b>9 14</b>		11. BIRTHPLACE (State or foreign country) <b>Mexico Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Ret. Wwie</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>James William Rouse</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Alice Williamsen</b>		14. NAME OF HUSBAND OR WIFE <b>Sylvester Edward Button</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. J.O. Phillips, Adrian Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock + general disability following fracture of neck of femur</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 weeks</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>neck of femur</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>9035</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>44</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Adrian Bates Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 17-55 9:00 A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell on street</b>		<b>007</b>	
22. I hereby certify that I attended the deceased from <b>May 17, 1955</b> , to <b>July 28, 1955</b> , that I last saw the deceased alive on <b>July 28, 1955</b> , and that death occurred at <b>6:15 A</b> ., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. C. Robinson M.D.</b>				23b. ADDRESS <b>Adrian, Mo.</b>		23c. DATE SIGNED <b>7-28-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-29-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-28-55</b>		REGISTRAR'S SIGNATURE <b>Myra Owens</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. J. Turner</b>		ADDRESS <b>Adrian Mo</b>	

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

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..... *Adrian Mo*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.