

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9206**

FILED MAR 26 1957

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!) a. STATE <u>Misouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>183 W 7th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>183 W. 7th St.</u>		f. STREET ADDRESS <u>183 W 7th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Butcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 14, 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 9, 1872</u>
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>84</u>	11. HOURS <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas C. Miller</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Darrow</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Butcher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.H. Butcher, Lebanon, Missouri</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating 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. <u>Senility - had no medical attendant</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>For 2 yrs</u>	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
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) <u>4201</u>	
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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6.45 P.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hella L. Day - Local Registrar Lebanon, Missouri</u>		23b. ADDRESS _____	23c. DATE SIGNED <u>3-16-1957</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/16/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-16-1957</u>	REGISTRAR'S SIGNATURE <u>Hella L. Day</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. R. Palmer Lebanon Mo</u>	

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

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Received 3-25-57
Laclede County Health Unit
File No. 49
Date Filed 3-25-57

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.....
Signature of Student Embalmer

Signed Allyn D. Hosker

Licensed Embalmer No. 4333

P. O. Address Libanon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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