

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12761

STATE FILE NUMBER

94353-56 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 418

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Greene	a. STATE	Mo
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Springfield	b. COUNTY	Lawrence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Burge Hospital		McVernon	0528 No <input type="checkbox"/>
Length of stay in lb		d. STREET ADDRESS	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
Fur her			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last			Month Day Year		
Dannie Linn Butler			Apr 30 1957		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	
M	W	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	Dec-26-1956	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Infant				Monett, Mo.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Ronald Vester Butler			Clytta Conrad		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address		
			Ronald Butler McVernon, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Greatly enlarged Anoxemia		3d
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Interstitial pneumonitis, pulmonary atelectasis, Pulmonary edema	3 days
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Cerebral edema		492X

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY					
Hour Month, Day, Year.					
a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from 4-30-57, to 4-30-57 and last saw her alive on 4-30-57		
Death occurred at 8:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Luba Bessick MS	609 Cherry Springfield	May 5-20 1957

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	May-2-57	100.F. Cemetery	McVernon, Mo.
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECEIVED BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
May 2 Fossett	McVernon, Mo.	5-3-57	John W. Williams

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. 300
1-56
S. 300
1-56

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... *Max L. Fossett*

Licensed Embalmer No. *425*

P. O. Address *M. W. ...*

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.