

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

348553

STATE FILE NUMBER
1103

FILED OCT 21 1957

Registration District No. 42 Primary Registration District No. 1000

Registrar's No. 1103

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist		d. STREET ADDRESS 117 W. Elk	
3. NAME OF DECEASED (Type or print) OLIVE BUTTERFIELD		4. DATE OF DEATH Oct 10 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 24, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Noma Lites		10b. KIND OF BUSINESS OR INDUSTRY Noma Lites	11. BIRTHPLACE (City and state or country) Beaver City Okla
13a. FATHER'S NAME Otis Parham		13b. MOTHER'S MAIDEN NAME May Pointer	14. NAME OF HUSBAND OR WIFE Roy Butterfield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-14-7747	17. INFORMANT Address Roy Butterfield 117 W. Elk
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____			
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 10-16-1950 to 10-10-57 and last saw her alive on 10-10-57 Death occurred at 11:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Irwin Rosenthal M.D.		22b. ADDRESS St Joseph Mo	
		22c. DATE SIGNED 10-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1957	
23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		23d. LOCATION (City, town, or county) Savannah Missouri	
24. FUNERAL DIRECTOR John Stupp		25. DATE RECD. BY LOCAL REG. Oct. 17, 1957	
ADDRESS 6054 Pruor		26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 12 1957

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, ~~by~~, Student Embalmer No. working under my personal supervision.

Student

Signed *John E. Rupp*

Signature of Student Embalmer

Licensed Embalmer No. *3986*

P. O. Address *Joseph*

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.