

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1612
STATE FILE NUMBER

FILED JAN 15 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 8

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN <u>D 495</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2008 PEARL ST.		d. STREET ADDRESS (If outside, give location) 2008 PEARL ST.	
3. NAME OF DECEASED (Type or print) First EMMA Middle JEAN JANE Last BUTTRY		4. DATE OF DEATH Month JANUARY Day 5 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 3, 1870
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and state or country) AURORA, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN STANLEY HARGROVE		13b. MOTHER'S MAIDEN NAME SARAH JANE DAVIDSON	
14. NAME OF HUSBAND OR WIFE PRICE S. BUTTRY, DEC'D		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address MISS NELWINE CALE, 2008 PEARL STREET	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Heart Damage With failure Edema of lungs Abdominal Ascites Edema of extremities 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) Chronic Valvular heart 4214			INTERVAL BETWEEN ONSET AND DEATH 3 mo 12 y 4 mo
19. WITNESS 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 .Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <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 1944 to Jan 5-58 and last saw her alive on Jan 5-1958 Death occurred at 10 51 PM Jan 5-58 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joyce M. Mays MD (Degree or title)		22b. ADDRESS 614 A Joplin St Joplin Mo	
22c. DATE SIGNED Jan 6-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 1-7-58		23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	
23d. LOCATION (City, town, or county) JOPLIN, MISSOURI		23e. STATE MISSOURI	
24. FUNERAL DIRECTOR TEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. Jan. 10-1958	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Connected by affidavit
1/25/58 DRS

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.

Wasper County
County File Number 58-1-39
Date Filed APR 14 1958

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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
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.