

Health,  
Welfare  
Public  
Service

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4250

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 4535 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>Mineral Point</u>		c. CITY OR TOWN <u>Mineral Point</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>6 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Belle Williams Button</u>			4. DATE OF DEATH Month Day Year <u>Feb 5 1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 11 1872</u>	9. AGE (In years last birthday) <u>85</u>	10. FUNDER 1 YEAR Months <u>8</u> Days <u>24</u>	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own Home Washington Co. Mo.</u>	11. BIRTH PLACE (City and state or country) <u>Washington Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harrison Hulsey</u>	13b. MOTHER'S MAIDEN NAME <u>Larrie Girardier</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or <u>no</u> ) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ethel Tyree Heston Mo.</u>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Valvular heart lesion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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? <u>2</u> 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.)
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20c. TIME OF INJURY Hour _____ 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 <u>Potosi, Mo.</u>	COUNTY	STATE
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21. I attended the deceased from <u>Feb. 1 - 1958</u> , to <u>Feb. 5 - 1958</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>Feb. 1 - 1958</u> Death occurred at <u>7:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Joseph L. Thurman - M.D.</u>	(Degree or title)	22b. ADDRESS <u>Potosi, Mo.</u>	22c. DATE SIGNED <u>2-7-1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fair View Cemetery</u>	23d. LOCATION (City and state or country) <u>Potosi Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Mrs. Luther Sparks</u>	ADDRESS <u>Potosi Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/11/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert Rudall</u>
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(Licensed Embalmer's Statement on Reverse Side)

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

FEB 27 1958

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 *Arthur J. [Signature]* .....

Licensed Embalmer No. *14236* .....

P. O. Address *2425 [Address]* .....

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.