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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026186
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 182 Primary Registration District No. 4798 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Linneus — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Linn
c. CITY OR TOWN: Linneus 0580 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Gilbert Middle: James Last: Butterfield

4. DATE OF DEATH Month: Aug. Day: 11 Year: 1958.

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: June 30-1897

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 1 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): Linn Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frank E. Butterfield

13b. MOTHER'S MAIDEN NAME: Ella E. McCormick

14. NAME OF HUSBAND OR WIFE: Verginia Butterfield

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.: 496-42-1720

17. INFORMANT: Max Butterfield Address: Linneus, Mo.

MEDICAL CERTIFICATION

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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4201
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 [ ] NO [ ] 0

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 8/5 1958, to 8/11 1958 and last saw him alive on 8/10 1958
Death occurred at 9.30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J.R. Martin (Degree or title): M.D. 0
22b. ADDRESS: Brunswick Mo
22c. DATE SIGNED: Aug 12-1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 13-1958
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetary
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS: Brothers Funeral Home Linneus Mo.
25. DATE RECD. BY LOCAL REG.: Aug 13-1958
26. REGISTRAR'S SIGNATURE: Mrs. Birdie Kelley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 J. B. Brothers

Licensed Embalmer No. 2001

P. O. Address Jamesburg, N

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.