

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004385

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 37

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Vandalia Mexico</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Vandalia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		Length of stay in lb <u>2 days</u>	d. STREET ADDRESS (If outside, give location) <u>300 East State Street</u>
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>K</u> Last <u>Butts</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>6</u> Year <u>1959</u>
5. SEX <u>Male</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>July 31, 1878</u>
9. AGE (In years last birthday) <u>80</u>		FUNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done in most of past 12 months) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture & Stoves</u>	11. BIRTHPLACE (City and state or country) <u>Vandalia, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>W. W. Butts</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Perigam</u>		14. NAME OF HUSBAND OR WIFE <u>Flo Butts</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-38-1429</u>	17. INFORMANT <u>Mrs Will White</u> Address <u>Vandalia, Mo.</u>
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>Myocardial failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>2 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>			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.) <u>4201</u>	
20c. TIME OF INJURY Hour <u>10: A</u> Month, Day, Year		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb 4 - 59</u> to <u>Feb 6 - 59</u> and last saw ^{her} him alive on <u>Feb 6 - 59</u> . Death occurred at <u>10: A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ed Sanford M.D.</u> (Degree or title)		22b. ADDRESS <u>Maple Ave</u>	
22c. DATE SIGNED <u>2-8-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 8, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
25. FUNERAL DIRECTOR <u>William B Waters</u> ADDRESS <u>Vandalia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 8 - 1959</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL diseases, injuries, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Part I must be causally related to Part II.

MS SEP 16 1959

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 *William P. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia, 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.