

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018069

FILED VS MAY 10 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY TEXAS						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CABOOL		Length of stay in 1b 15 min.		c. CITY OR TOWN CLINTON twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CABOOL CLINIC			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RT. 1, MT. GROVE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ALFRED Middle MELVIN Last BUTTS				4. DATE OF DEATH Month 5 Day 3 Year 1960						
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-3-1910	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME THOMAS BUTTS			13b. MOTHER'S MAIDEN NAME MARTHA STOGSDILL			14. NAME OF HUSBAND OR WIFE MINNIE BUTTS				
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.		17. INFORMANT MINNIE BUTTS, MT. GROVE			Address		
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 DUE TO (b) CORONARY ARTERIOSCLEROSIS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 hr. 10 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown				
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 Hour _____ a.m. _____ p.m.		Month, Day, Year								
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 1958 to 5/3/60 and last saw him alive on 5/3/60 Death occurred at 5:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE J. L. Spears M.D. (Degree or title)					22b. ADDRESS Cabool, Mo			22c. DATE SIGNED 5/4/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-5-1960	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL			23d. LOCATION (City, town, or county) (State) TEXAS COUNTY, MO				
24. FUNERAL DIRECTOR ELLIOTT-GENTRY, CABOOL					25. DATE RECD. BY LOCAL REG. 5-6-60		26. REGISTRAR'S SIGNATURE Gaynell Cunningham			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James L. Rentry

Licensed Embalmer No. 471

P. O. Address Calool, i

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.