RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 19 1960

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 66

60-018297
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler
Length of stay in 1b: 6 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memoriao Hosp'. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Bates
c. CITY OR TOWN Butler RFD 1 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS Spruce Twp. (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Lillie Middle: Bell Last: Fluty
4. DATE OF DEATH Month: May Day: 15 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar 17 1876
9. AGE (last birthday): 84
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): homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cass Co Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: H M Durrett
13b. MOTHER'S MAIDEN NAME: Susan Bourland
14. NAME OF HUSBAND OR WIFE: Chas O Fluty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: T R Fluty-Butler Rt 1 Mo Address

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) Myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive heart disease
DUE TO (c) Hypertension + Chronic nephritis
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 July 1940, to 5-15-1960 and last saw her/him alive on 6-16-60
Death occurred at 7:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. L. Hausen (Degree or title) M.D.
22b. ADDRESS Butler Mo
22c. DATE SIGNED May 15-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/18/60
23c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
23d. LOCATION (City, town, or county) (State): Butler Mo
24. FUNERAL DIRECTOR ADDRESS: Culver Underwood-Butler Mo
25. DATE RECD. BY LOCAL REG.: May 15-1960
26. REGISTRAR'S SIGNATURE: Kendall Kenny

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed John G Underwood

Signature of Student Embalmer

Licensed Embalmer No. 358-

P. O. Address Butler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.