

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JAN 17 1961

-61-000715

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 2

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Cooper</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u> c. CITY OR TOWN <u>Boonville, Mo</u> d. STREET ADDRESS (If outside, give location)		3. NAME OF DECEASED First <u>Mattie</u> Middle Last <u>Butler</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>9</u> Year <u>1961</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</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>Dec 5 1868</u>		9. AGE (last birthday) <u>93</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Boonville Branch Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Egerton</u>				13b. MOTHER'S MAIDEN NAME <u>?</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Butler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT Address <u>Funeral Director Bell Flowers</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>Cerebro-vascular accident</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
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"/> No <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 Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from <u>Dec 28, 1960</u> to <u>Jan 9, 1961</u> and last saw her alive on <u>Jan 8, 1961</u> Death occurred at <u>3:45</u> a <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>T.C. Beckett MD</u> (Degree or title)				22b. ADDRESS <u>Boonville Mo</u>				22c. DATE SIGNED <u>1-9-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>New Providence</u>		23b. DATE <u>1-10-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Providence</u>		23d. LOCATION (City, town, or county) (State) <u>Montgomery Co. MO</u>			
24. FUNERAL DIRECTOR <u>Alford A. Jones Bell Flowers</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1-9-61</u>		26. REGISTRAR'S SIGNATURE <u>Steph Hooyer</u>			

**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 \_\_\_\_\_ me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bland A Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.