

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-029942

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 148

AMENDED

FILED SEP 13 1961

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lebanon</u>			Length of stay in lb <u>-</u>		c. CITY OR TOWN <u>Lebanon</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>R.R. Crossing at Skating Rink</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>881 N. Jefferson St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Anson</u> Middle <u>Buttram</u> Last <u>Buttram</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>2</u> Year <u>1961</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/16/1903</u>	9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laclede Metal Products</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Wright, Co. Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>John Buttram</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Alford</u>			14. NAME OF HUSBAND OR WIFE <u>Opal Buttram</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>300-41-7740</u>		17. INFORMANT <u>Mrs. Opal Buttram Lebanon, Mo.</u>		Address <u>Lebanon, 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>Skull fracture + Crushed Chest</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hit by a train at R.R. Crossing</u>							
DUE TO (c) _____							
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 checked="" 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>Truck in which he was riding was</u>			
20c. TIME OF INJURY Hour <u>5:50</u> p.m. Month, Day, Year <u>9-2-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>hit by a freight train</u>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rail Road Crossing</u>			20f. CITY, TOWN, OR LOCATION <u>Lebanon</u>		COUNTY <u>Laclede</u>		STATE <u>Missouri</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:50 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>H. D. Shadel</u>				22b. ADDRESS <u>Coroner Lebanon Mo.</u>			22c. DATE SIGNED <u>9/5/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/5/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Amity Cemetery near Ringua, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>	
24. FUNERAL DIRECTOR <u>Worsey M. Howe Lebanon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-5-1961</u>		26. REGISTRAR'S SIGNATURE <u>Hella L. May</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1961

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 Bersey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon

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.