MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-002592
STATE FILE NUMBER

AMENDED

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 28

FILED FEB 13 1962

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LINN
c. CITY OR TOWN Brookfield. — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 505 LaClede Ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DORA Middle MAY Last BUTNER
4. DATE OF DEATH Month Feb Day 5 Year 1962
5. SEX F
6. COLOR OR RACE CAUC
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH MAR 29 1893
9. AGE (last birthday) 69
IF UNDER 1 YEAR Months 10 Days 6 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Decator Illinois
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samual Henry Pitzer
13b. MOTHER'S MAIDEN NAME Ida Mae WALKER
14. NAME OF HUSBAND OR WIFE James Butner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. N/A
17. INFORMANT James Butner Address 505 LaClede Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Jaundice, Severe.
DUE TO (c) Adenocarcinoma of Gallbladder. — 4 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cachexia.
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 Sept. 19. 1961, to Feb 5th 62 and last saw her/him alive on Feb 5 62
Death occurred at 5 00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Bohnert MD
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 2-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Clarence Mo
23b. DATE Feb. 7 1962
23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery
23d. LOCATION (City, town, or county) (State) Clarence Mo.

24. FUNERAL DIRECTOR N Ives Bowden ADDRESS Brookfield Mo
25. DATE RECD. BY LOCAL REG. Feb 6-62
26. REGISTRAR'S SIGNATURE Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1963

FEB 20 1962

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 Gerald J Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.