

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019118

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 685

FILED JUN 12 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. HANDLER, MD

1. PLACE OF DEATH a. COUNTY: <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>St. Joseph</u>		Length of stay in 1b <u>50 Years</u>		c. CITY OR TOWN: <u>St. Joseph,</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>Meth. Hosp. & Med. Cen.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>404 1/2 Francis Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: <u>Dessie</u> Middle: Last: <u>Butler</u>			4. DATE OF DEATH Month: <u>June</u> Day: <u>1</u> Year: <u>1963</u>		
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>Negro</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>Feb. 28, 1887</u>	9. AGE (last birthday): <u>76</u>
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: <u>Home</u>		11. BIRTHPLACE (City and state or country): <u>Talladega, Ala.</u>	12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>
13a. FATHER'S NAME: <u>George W. Braxdall</u>		13b. MOTHER'S MAIDEN NAME: <u>Emma Player</u>		14. NAME OF HUSBAND OR WIFE: <u>Clarence Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): <u>NO</u>		16. SOCIAL SECURITY NO.:		17. INFORMANT: <u>St. Louis, Missouri</u> <u>Mrs Maggie White, 4060 Cora Ave.,</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute cardiac failure</u>					<u>36 hours</u>
DUE TO (b) <u>Hypertensive cardiovascular disease, decompensated</u>					<u>Several years</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): <u>Chronic glomerulonephritis</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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: _____ 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 <u>May 31, 1963</u> to <u>May 31, 1963</u> and last saw her alive on <u>May 31, 1963</u> Death occurred <u>x</u> on <u>June 1, 1963, 6:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title): <u>E Handler MD</u>		22b. ADDRESS: <u>311 Phys & Surg Bldg</u> <u>St. Joseph, Missouri</u>		22c. DATE SIGNED: <u>6-6-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		23b. DATE: <u>June 3, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Ashland, Cemetery</u>		23d. LOCATION (City, town, or county) (State): <u>St. Joseph, Missouri</u>
24. FUNERAL DIRECTOR: <u>Wm H Alexander</u>		ADDRESS: <u>St. Joseph, Mo.</u>		25. DATE RECD. BY LOCAL REG.: <u>June 7, 1963</u>	26. REGISTRAR'S SIGNATURE: <u>Mrs Clark Goodell</u>

AUG 23 1963

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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

Wm. H. Alexander

Licensed Embalmer No.

4450

P. O. Address

St. Joseph, 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.