

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4357

BIRTH NO. _____		REG. DIST. NO. <u>99</u>	PRIMARY REG. DIST. NO. <u>4172</u>	Registrar's No. <u>6</u>
1. PLACE OF DEATH a. COUNTY <u>Dekalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dekalb</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Stewartsville</u>		c. LENGTH OF STAY (in this place) <u>18 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Stewartsville, Mo. 0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>RITTIE</u>		b. (Middle) <u>FLORENCE</u>	c. (Last) <u>BUTLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-11-55</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-10-1878</u>	9. AGE (in years 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 _____	11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm. Harrison Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Juliette McKee</u>	14. NAME OF HUSBAND OR WIFE <u>Louis F. Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Louis F. Butler</u> ADDRESS <u>Stewartsville Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>2-11</u> , 19 <u>55</u> , to <u>2-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-11</u> , 19 <u>55</u> , and that death occurred at <u>6:30 P.M.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. J. Dunaway</u> (Degree or title) _____		23b. ADDRESS <u>Stewartsville Mo.</u>		23c. DATE SIGNED <u>2-14-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thomnton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dekalb Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-24-55</u>	REGISTRAR'S SIGNATURE <u>Robert D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Summersfield</u> ADDRESS <u>Stewartsville Mo.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0320

2

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_ ✓  
Student Embalmer

Signed W.E. Summersfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, Tenn.

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 this body is not embalmed, fact should be so stated above.