

JAN 12 1940

Registration District No. 5Primary Registration District No. 304Registrar's No. 69

1. PLACE OF DEATH:

- (a) County Bates 2-
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Small East part of town
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Rose La Fever 116

3. (b) If veteran,

name war no

3. (c) Social Security

No. no

4. Sex

female

5. Color or

race white6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Leslie La Fever

6. (c) Age of husband or wife if

alive 72 years

7. Birth date of deceased

April 10 1870
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

69727

hr. min.

9. Birthplace

Hickory Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

In Home

MOTHER FATHER

12. Name William Mc Donough13. Birthplace Dont know Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Mary Frances Barber15. Birthplace Dont know Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

Fred LaFever

(b) Address

Springfield Mo17. (a) burial(b) Date thereof Dec. 10 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Oak Hill

18. (a) Signature of funeral director

Butler

(b) Address

Butler Mo.19. (a) Dec 10 1939(b) Nina L Culver
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. Small East part of town
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1939 hour 9 minutes 30 P.M.
21. I hereby certify that I attended the deceased from April 30, 1938
to Dec 7, 1939,
that I last saw her alive on Dec 7, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death

Passary Occlusion

Due to

Arterial Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) Means of injury23. Signature Paul A. Cook (M. D. or other) 12/10/39
Address Butler, Mo Date signed 12/10/39

RECEIVED

District Health Officer No. 7,

District File Number 1-40-187

Date Filed 1-12-40

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.....

R. Denton Lisle

Registered Apprentice No. 163

working under my personal supervision.

Signed.....

Hattie G. Coker

Licensed Embalmer No. 3069

P. O. Address Butler, 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 this body is not embalmed, above space should be left blank.

Missouri
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42710

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH

(a) County Plates Butler
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Rosie Le Fever

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.

9. 'Birthplace'..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) June 1 1940 (b) Mina L Culver
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. Day 7 Year 1939
hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Duration
immediate cause of death
Coronary Occlusion
Cerebral Sclerosis
Cerebral arteriosclerosis

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations..... 947

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Chas. A. Lusk Jr (M. D.)

Address..... Date signed.....

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

SUPPLEMENTARY

1951-52 P. 11