

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1608

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 10

## 1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Matthe Katherine Fields.

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race negro. 6. (a) Single, widowed, married, divorced widow.9. (b) Name of husband or wife Frank Fields Dec. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Dec 22 1871  
(Month) (Day) (Year)8. AGE: Years 68 Months 1 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Butler Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Washington White13. Birthplace Went Tenn  
(City, town, or county) (State or foreign country)14. Maiden name Chas Sherman15. Birthplace Went Tenn  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature B. R. Fields(b) Address Hunterville, Mo17. (a) Burial (b) Date thereof Jan 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Walc Hill18. (a) Signature of funeral director Conover(b) Address Butler Mo. 5?19. (a) Jan 28 1940 (b) Neil & Conover  
(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. East Butler  
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 1940 hour 1 minute P. M.21. I hereby certify that I attended the deceased from Aug 5, 1939, to Jan 25, 1940  
that I last saw her alive on Jan 1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Mitral RegurgitationDue to General CardiacinsufficiencyDue to Pulmonary EdemaOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations LOf autopsy no

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

(a) Accident, suicide, or homicide (specify) L(b) Date of occurrence L(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 David Strong (M. D. or other)23. Signature Tamsonville Mo Date signed 1/26  
Address \_\_\_\_\_

RECEIVED  
District Health Officer No. 7,  
District File Number 2-40-246  
Date Filed 2-13-40

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed R. Denton Lisle  
Licensed Embalmer No. 4123  
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.