No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15199

Registration District No. 336 — Primary Registration District No. 6210 — Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town RURAL - UPTON TOWNSHIP (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Three miles west from Upton, Mo. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME CHRISTANA BUTTS

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife THOMAS CLINTON BUTTS

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased ~~March~~ July (Month) 24 (Day) 1870 (Year)

8. AGE: Years 77 Months 7 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Texas County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Christfer Coble
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Thompson
15. Birthplace Upton, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Will Butts
(b) Address Mtn. Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Dutch Chapel

18. (a) Signature of funeral director Russell Barber
(b) Address Mtn. Grove, Mo.

19. (a) April 17-48 (Date received local registrar) (b) Myrtle Craig (Registrar's signature) 327

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13 year 1948 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw her alive on Mar 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Nephritis	3 yrs
Arteriosclerotic Ht. disease	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Garrett Long Jr. (M.D. or other) M.D.

Address Cabool, Mo. Date signed May 21/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 5-48309
Date Filed 5-8-48

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

Signed Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, 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, fact should be so stated above.