

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4622**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **121** PRIMARY REG. DIST. NO. **5458** Registrar's No. **9**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Walnut Grove</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Walnut Grove, Mo.</b>                                      |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>  |  | d. STREET ADDRESS (If rural, give location)  |  |

|  |             |                          |   |
|--|-------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Mable</b> | b. (Middle) | c. (Last) <b>Butcher</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb 6, 1949</b> |
|--|-------------|--------------------------|---|

|                      |                               |   |                                       |   |   |   |
|----------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>March-13-1891</b> | 9. AGE (In years last birthday) <b>57</b> | IF UNDER 1 YEAR Months <b>10</b> Days <b>23</b> | IF UNDER 11 HRS. Hours <b>0</b> Min. <b>0</b> |
|----------------------|-------------------------------|---|---------------------------------------|---|---|---|

|  |   |  |   |
|--|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home Maker</b> | 11. BIRTHPLACE (State or foreign country) <b>Greene County, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|---|--|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>H. M. Sanford</b> | 13b. MOTHER'S MAIDEN NAME <b>Rachel Anderson</b> | 14. NAME OF HUSBAND OR WIFE <b>Claude C. Butcher</b> |
|---|--|--|

|  |                                    |   |
|--|------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>268</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Claude C. Butcher Walnut Grove</b> |
|--|------------------------------------|---|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Intestine</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Autopsy</b><br><br>✓ ✓<br><br>✓ ✓ |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>137</b>             |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 **Feb 4, 1949**, to **Feb 5, 1949**, that I last saw the deceased alive on **Feb 5, 1949**, and that death occurred at **10:05 p.m.**, from the causes and on the date stated above.

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <b>J. Barber M.D.</b> (Degree or title) | 23b. ADDRESS <b>Walnut Grove Mo</b> | 23c. DATE SIGNED <b>2/8/1949</b> |
|--|-------------------------------------|----------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Feb 8-1949</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Walnut Grove Mo</b> |
|---|-----------------------------|--|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>2/11/1949</b> | REGISTRAR'S SIGNATURE <b>Drene P. Wilson</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gene A. Brown Walnut Grove</b> |
|---|--|--|

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

19 (2/11/1949)

(Licensed Embalmer's Statement on Reverse Side)

1949

1949

RECEIVED  
Greene County Health Office  
County File Number 13-2-49  
Date Filed 2-21-49

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.

Signed \_\_\_\_\_

*Gene A. Brown*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *7664*

P. O. Address *Warrent Green TN*

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.