

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13380

No. 300
10.4883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>5460</u>		Registrar's No. <u>311</u>			
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>PLATTE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>RURAL - GREEN</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - GREEN</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>DORA</u> c. (Last) <u>Butts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 19 49</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-11-1862</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 Hrs. Hours	IF UNDER 1 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>PLATTE Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Joshua Pumphrey</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET GOODMAN</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Golden Dearborn</u>			ADDRESS <u>490X</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Loba Pneumonia</u>							
		DUE TO (c)							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>490X</u>		
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) (m.)		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>April 16, 1949</u> , to <u>April 17, 1949</u> , that I last saw the deceased alive on <u>April 19, 1949</u> , and that death occurred at <u>12:15</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. H. Moore M.D.</u>				23b. ADDRESS <u>Dearborn Mo.</u>		23c. DATE SIGNED <u>Apr 27-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Davis Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dearborn Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Apr 27-49</u>		REGISTRAR'S SIGNATURE <u>Phyllis Rallins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rallins & Nash Edgerton Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 11 REC'D

District Health Officer No. 8,

District File Number _____

Date Filed 5/11/49

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.

Student
Student Embalmer

Signed Virvan Rollins Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton 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.