

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42071**

**FILED JAN 12 1950**

No. 300  
10.48

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

|  |  |  |  |   |  |  |   |  |
|--|--|--|--|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO <u>291</u>   |  | PRIMARY REG. DIST. NO <u>5990</u>   |  | Registrar's No. <u>110</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Putnam</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u> |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural Jackson Tmp.</u>  |  | c. LENGTH OF STAY (is this place)<br><u>life</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural, Jackson Tmp.</u>                                    |  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Lucerne, Mo. R. F. D.</u>  |  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>Lucerne, Mo. R. F. D.</u>   |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Delila</u>  |  | b. (Middle) <u>Jane</u>  |  | c. (Last) <u>Butler</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 27, 1949</u>          |   |  |
| 5. SEX<br><u>F</u>   |  | 6. COLOR OR RACE<br><u>W</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>W</u>  |  | 8. DATE OF BIRTH<br><u>July 6, 1866</u>                                |   |  |
| 9. AGE (In years last birthday) <u>83</u>  |  | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>21</u>  |  | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>  |  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Home work</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY                          |   | 11. BIRTHPLACE (State or foreign country)<br><u>Putnam Co. Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>   |  |
| 13a. FATHER'S NAME<br><u>John Erickson</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Eligabeth Jane Ledford</u> |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>John Butler</u>                      |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>no</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Edwin Butler, Lucerne, Mo.</u>  |  | ADDRESS  |   |  |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death.                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic Myocarditis</u>   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yrs</u>                                    |  |
|  |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |  |  |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>  |  |   |  |  | <u>10 yrs</u>   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  |  | 20. AUTOPSY?<br>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 <u>1-1-1940</u> , to <u>12/27, 1949</u> , that I last saw the deceased alive on <u>12/25, 1949</u> , and that death occurred at <u>3:15</u> m., from the causes and on the date stated above. |  |  |  |   |  |  |   |  |
| 23a. SIGNATURE<br><u>Edwin Butler</u>  |  |  | 23b. ADDRESS<br><u>Lucerne, Mo.</u>                        |   |  | 23c. DATE SIGNED<br><u>12/31/49</u>                                    |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>B</u>  |  | 24b. DATE<br><u>Dec. 29, 49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Parson Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Putnam Co. Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG.<br><u>1-7-50</u>  |  | REGISTRAR'S SIGNATURE<br><u>Marcell Durbin</u>   |  | 26. GENERAL DIRECTOR'S SIGNATURE<br><u>W. H. Keeler</u>   |  | ADDRESS<br><u>Unionville, Mo.</u>                                      |   |  |

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1963

RECEIVED JAN 11 1950  
District Health Officer No. 1  
District File Number 1-52-89  
Date Filed JAN 11 1950

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 \_\_\_\_\_  
*Muel E. Hester*

Licensed Embalmer No. *3394*

P. O. Address *Unionville, N.C.*

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.