

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31252

Registrar's No. 20

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3912

1. PLACE OF DEATH a. COUNTY <u>Cassant</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Cassant</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u>	c. LENGTH OF STAY (In this place) <u>50 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u> <u>0780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Butler</u> b. (Middle) <u>King</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-11-1873</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Webster Co Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Stollman</u>		13b. MOTHER'S MAIDEN NAME <u>Dorsey Vaughan</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Helma Cohen Steele Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial INSUFF.</u>			<u>1 yr</u>					
			ANTECEDENT CAUSES			DUE TO (b) <u>GENE. ARTERIOSCLEROSIS</u>			<u>1 1/2 yr</u>		
			DUE TO (c)			DUE TO (c) <u>GASTRIC HEMORRHAGE GASTROBLADDER DIS</u>			<u>4221</u>		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.			<u>1 day 1 yr</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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7 SEPT, 1950, to 8 SEPT, 1950, that I last saw the deceased alive on 8 SEPT, 1950, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. L. Taylor M. D.</u>		23b. ADDRESS <u>Steele, Mo.</u>		23c. DATE SIGNED <u>9 Sept 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Family Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Denton Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-1-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Vudt Co Steele Mo</u>			

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

10-50-266

OCT 4 REC'D

S. B. Beecher, M. D.,  
Pemiscot County Health Department  
Caruthersville, Missouri

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.....

*Not Embalmed*

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.