

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34493

State File No. ....

0930  
4

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

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>6064</u>		Registrar's No. <u>64</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>Osceola (Rural)</u>		c. LENGTH OF STAY (In this place) <u>17 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerster</u>		<u>0930</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Meredith Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Dallas Twp;</u>			
3. NAME OF DECEASED a. (First) <u>Flora</u> (Type or Print)			b. (Middle) <u>--</u>		c. (Last) <u>Butcher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/1/1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>10/3/1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hickory County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>F.M. Butcher</u>			13b. MOTHER'S MAIDEN NAME <u>Elva Henry</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>		
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>County Welfare Office Osceola Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Hip</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>17 da</u>  <u>E9030</u>  <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rest Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>near Osceola St. Clair Mo</u>			
21d. TIME OF INJURY <u>9-14-00 6 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell on floor</u>			
22. I hereby certify that I attended the deceased from <u>Sept 24, 1950</u> , to <u>Oct 1, 1950</u> , that I last saw the deceased alive on <u>Oct 1, 1950</u> , and that death occurred at <u>12: Midnight</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul H. Seavers M.D.</u>				23b. ADDRESS <u>Osceola - Mo</u>		23c. DATE SIGNED <u>10/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/3/1950</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Butcher</u>		24d. LOCATION (City, town, or county) (State) <u>Hickory County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 2 50</u>		REGISTRAR'S SIGNATURE <u>Paul H. Seavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. ... Osceola Mo</u>			

**RECEIVED** 11350

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Filed 11350

**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 *J. B. Goodrich* \_\_\_\_\_

Licensed Embalmer No. 3038 \_\_\_\_\_

P. O. Address *Quincy Ill* \_\_\_\_\_

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.