

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40207**

FILED DEC 27 1950
12-15-50
BIRTH NO. REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4154** Registrar's No. **67**

90

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission) a. STATE Missouri COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 160 and High St.		d. STREET ADDRESS (If rural, give location) Highway 160 and High St.	
3. NAME OF DECEASED a. (First) Lulu		b. (Middle) Belle	
c. (Last) BUTTERWORTH		4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 2, 1875
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 8 Months 7 Days	IF UNDER 24 HRS. 7 Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri
13a. FATHER'S NAME John W. Emerson		13b. MOTHER'S MAIDEN NAME Margaret Ann Wilburn	14. NAME OF HUSBAND OR WIFE Newton Howard Butterworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Delbert Butterworth ADDRESS Greenfield, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pemicious anemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2700	
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 12-1 , 19 50 , to 12-9 , 19 50 , that I last saw the deceased alive on 12-9 , 19 50 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. C. Canada, M.D.		23b. ADDRESS Greenfield, Missouri	23c. DATE SIGNED 12-12-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 11, 1950	24c. NAME OF CEMETERY OR CREMATORY Greenfield Cemetery	24d. LOCATION (City, town, or county) (State) Greenfield, Missouri
DATE REC'D BY LOCAL REG. 12-15-50	REGISTRAR'S SIGNATURE G. L. Zweir	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo.	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 18 1950

Dist. File 1250-2532

Date Filed 12-21-50

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. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Me

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.