

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

669

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MD</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Urbana</u>	c. LENGTH OF STAY (in this place) <u>45475</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Urbana</u>	OR TOWN <u>031</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Celia</u> b. (Middle) <u>ANN</u> c. (Last) <u>BUTCHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-3-1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Nov-5-1871</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Month <u>7</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Camden Co</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S</u>
13a. FATHER'S NAME <u>Walter Pirtle</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha NORTH</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. Butcher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> <u>1 1/2</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension + arteriosclerosis</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</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) <u>Urbana</u> <u>Dallas</u> <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 1949, to Jan 15, 1950, that I last saw the deceased alive on 12/26 1950, and that death occurred at 10:29 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. A. Glassco M.D.</u>	23b. ADDRESS <u>Urbana</u>	23c. DATE SIGNED <u>1-5-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wade Co MO</u>
DATE REC'D BY LOCAL REG. <u>1/22/51</u>	REGISTRAR'S SIGNATURE <u>Miss L. S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Vaughan</u>	ADDRESS <u>Urbana, Mo</u>

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

03400  
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 25 1951

Dist. File 157-225-

Date Filed 1-25-51

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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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.