

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3733**

FILED MAR 6 1951

BIRTH NO. 6399051 REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 8000 Registrar's No. 20

**1. PLACE OF DEATH**  
 a. COUNTY Bates  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler  
 c. LENGTH OF STAY (In this place) 2 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Bates  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler 0071  
 d. STREET ADDRESS (If rural, give location) Butler Memorial Hospital

**3. NAME OF DECEASED**  
 a. (First) Kathron b. (Middle) Ann c. (Last) De Bow  
 4. DATE OF DEATH (Month) (Day) (Year) Feb 23-1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never Married 8. DATE OF BIRTH 2-21-1951  
 9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 2 IF UNDER 24 HRS. Hours 2 Min. 10  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY NONE 11. BIRTHPLACE (State or foreign country) 10 Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Victor W. De Bow 13b. MOTHER'S MAIDEN NAME Geraldine Gaston 14. NAME OF HUSBAND OR WIFE U Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Victor De Bow ADDRESS Butler, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*(a)**  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  
 DUE TO (b) Respiratory failure  
 DUE TO (c) Atelectasis  
**II. OTHER SIGNIFICANT CONDITIONS**  
 Conditions contributing to the death but not related to the disease or condition causing death.  
long -  
Respiratory failure

**INTERVAL BETWEEN ONSET AND DEATH**  
2 hrs  
7625

19a. DATE OF OPERATION 2/23/51 19b. MAJOR FINDINGS OF OPERATION long - Respiratory failure 20. AUTOPSY? YES  NO

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 WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 2/21, 1951, to 2/22, 1951, that I last saw the deceased alive on 2/22, 1951, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carter N. Luttrell MD 23b. ADDRESS Butler, Mo 23c. DATE SIGNED 2/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-24-51 24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery 24d. LOCATION (City, town, or county) (State) Butler, Missouri

DATE REC'D BY LOCAL REG. Feb. 27-51 REGISTRAR'S SIGNATURE Kendall Murray 17 17 25. FUNERAL DIRECTOR'S SIGNATURE Culver - Greenwood - Butler, Mo ADDRESS

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

RECEIVED 3-6-61

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 3-6-61

*This body was not embalmed.*

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

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.