

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4112

0180

BIRTH NO. _____ REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 4087 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u> 0180	
c. LENGTH OF STAY (In this place) <u>4 yr</u>		d. STREET ADDRESS (If rural, give location) <u>own home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u> b. (Middle) _____ c. (Last) <u>Butts</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 12 1864</u>
9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>timber laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ben Butts</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Whitworth</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Butts</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Butts Van Buren Mo</u>	
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) <u>Acute circulatory failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) _____ m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:15 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Seaton Jewitt</u>		23b. ADDRESS <u>Van Buren Mo</u>	
23c. DATE SIGNED <u>3-6-51</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Van Buren Mo</u>	
23e. LOCATION (City, town, or county) (State) <u>Van Buren Mo</u>		23f. DATE REC'D BY LOCAL REG. <u>Mar 10-51</u>	
23g. REGISTRAR'S SIGNATURE <u>Mrs Octa Benson</u>		23h. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Jewitt</u>	
23i. ADDRESS <u>Van Buren Mo</u>		23j. ADDRESS <u>Van Buren Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

mo

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

RECEIVED

MAR 12 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.