

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7553
Registrar's No. 311

FILED APR 9 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 30 years		d. STREET ADDRESS (If rural, give location) 3111 Felix St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3111 Felix St.			

3. NAME OF DECEASED (Type or Print) Virginia	a. (First) Virginia	b. (Middle)	c. (Last) Butcher	4. DATE OF DEATH (Month) (Day) (Year) March 23 1951
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 23, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 1 MIN. Hours 0	IF UNDER 1 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Daniel Bennett	13b. MOTHER'S MAIDEN NAME Mary A. Alder	14. NAME OF HUSBAND OR WIFE Jacob W. Butcher
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Miss Mary E. Butcher	ADDRESS St. Joseph, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility. 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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1922 to May 23, 1951, that I last saw the deceased alive on Mar 23, 1951, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Hartsoeker, D.O.	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED Mar 24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/25/51	24c. NAME OF CEMETERY OR CREMATOR Bethany, Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Bethany Missouri
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DATE REC'D BY LOCAL REG. APRIL 2, 1951	REGISTRAR'S SIGNATURE Carl C. Cash	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman	ADDRESS Funeral Home St Joseph Mo
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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.

Signed.....

Eugene Wood

Signed.....
Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Jersey*

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.