

No. 300
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FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20658
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State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>17C</u>		PRIMARY REG. DIST. NO. <u>5-634</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 1 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 1 0550</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Bert</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Butts</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>7-4-1875</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>		IF UNDER 1 WKS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Wilson Co. Kan!</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>W. K. Butts</u>		13b. MOTHER'S MAIDEN NAME <u>Emeline House</u>		14. NAME OF HUSBAND OR WIFE <u>Winnie Butts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Winnie Butts Miller 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart condition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>unknown</u> DUE TO (c) <u>Saw him after death. (only)</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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?			
22. I hereby certify that I attended the deceased from <u>after death</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. Bussey</u> (Degree or title)				23b. ADDRESS <u>Miller Mo</u>		23c. DATE SIGNED <u>6-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-14-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Home</u>		24d. LOCATION (City, town, or county) (State) <u>50-Miller-Mo. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-16-51</u>		REGISTRAR'S SIGNATURE <u>W. S. Bussey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>158</u> <u>Union Miller Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 19 1951

Dist. File 651-1362

Date Filed 6-29-51

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

E. R. Lunion

Licensed Embalmer No. 3297

P. O. Address Miller, 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.