

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24113

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6013 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salt Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salt Springs Township</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant View Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Milinda</u> c. (Last) <u>Butner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 9<sup>th</sup> 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	
8. DATE OF BIRTH <u>March 22<sup>nd</sup> 1865</u>		9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>17</u> 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>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>					

13a. FATHER'S NAME <u>James Foreman</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie A Trumbo</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Ralph Perry, Moberly, Mo</u>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec. 13, 1950, to July 8<sup>th</sup>, 1951, that I last saw the deceased alive on July 8<sup>th</sup>, 1951, and that death occurred at 4:30<sup>pm</sup> m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. Eschman D.O.</u>		23b. ADDRESS <u>Kennettville, Mo</u>		23c. DATE SIGNED <u>7/10/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 11<sup>th</sup> 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	
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DATE REC'D BY LOCAL REG. <u>7-13-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. N.A. Barnhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son, Moberly Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

Date Received: **JUL 18 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *7-51-1297*  
Date Filed: **JUL 18 1951**

**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 *Frank D. DeWitt*

Licensed Embalmer No. *3021*

P. O. Address *Moberly, 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.