

FILED AUG 31 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 5096 State File No. 26115

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <b>Bates</b> <b>0070</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Purnell Butler - Mt. Pleasant</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Butler</b> <b>0070</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Tree Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>Pine Tree Rest Home 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mercie</b> b. (Middle) <b>Viola</b> c. (Last) <b>Deems</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 18 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb 20, 1875</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>George Burch</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>ALVA G. Deems - Deems</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Deems - Butler, Mo</b>	

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) <b>Cerebral vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
III. 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 <b>331X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **8/13, 1951**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **8/12, 1951**, and that death occurred at **2:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. Douglas P. Donald</b> (Degree or title)		23b. ADDRESS <b>Butler Mo</b>		23c. DATE SIGNED <b>8/19/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/19/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bates Co., Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Aug 19, 1951</b>		REGISTRAR'S SIGNATURE <b>Randall Korman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver - Underwood - Butler Mo.</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-30-51

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 8-30-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Harace T. Hill

Signed.....  
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, 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.