

FILED FEB 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4183

State File No.

5

BIRTH NO.		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>5174</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Camden</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Climax Springs Mo</u> c. LENGTH OF STAY (in this place) <u>10 life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Horse</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Climax Springs Mo</u> d. STREET ADDRESS (If rural, give location) <u>Gen Delo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alva</u> b. (Middle) <u>Flippin</u> c. (Last) <u>Butts</u>				4. DATE OF DEATH <u>Feb 13 52</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sep. 22 - 1885</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Camden Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Flippin</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Richerson</u>		13c. NAME OF HUSBAND OR WIFE <u>Henry Butts</u>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				15. SOCIAL SECURITY NO. <u>no</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Henry Butts</u> ADDRESS <u>Climax Springs 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duchenne's Atrophy - K. G. G. 197</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
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>260x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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>1940</u> to <u>2-13</u> , 19 <u>52</u> that I last saw the deceased alive on <u>2-12</u> , 19 <u>50</u> , and that death occurred at <u>2</u> <u>PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Clifton, M.D.</u> (Degree or title)				23b. ADDRESS <u>Canaan, Mo</u>		23c. DATE SIGNED <u>3-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 15 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Climax Springs Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Camden County Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>2-15-52</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen - Woolery</u> ADDRESS <u>Camden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Abbie Banksen Woolery

Licensed Embalmer No.

2488

P. O. Address

Camdenton, 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.