V.S. No. 300
Rev. 10.48

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13354

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 65

0492
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webb City,
c. LENGTH OF STAY (In this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 210 N. Penn St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Webb City 0492
d. STREET ADDRESS (If rural, give location) 210 N. Penn St.

3. NAME OF DECEASED (Type or Print) a. (First) Jess b. (Middle) Mable c. (Last) Butler

4. DATE OF DEATH (Month) (Day) (Year) April 28 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 13 1891
9. AGE (In years last birthday) 61 — If under 1 year: Months 2 Days 15 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rooming House Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Paris, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Elbert Richardson
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Cyril Butler, Sacramento, Calif. ADDRESS

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis — 2 MO.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Probable hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4-2-01
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not *19* attend *, 19___, that I last saw the deceased alive on* ~~Dec~~ 4/28, 1952, *and that death occurred at* 6:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Webb City
23c. DATE SIGNED 4/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-1-52
24c. NAME OF CEMETERY OR CREMATORY Weaver Cemetery
24d. LOCATION (City, town, or county) (State) North of Webb City, Mo.

DATE REC'D BY LOCAL REG. 4/30/52
REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 474
25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Mortuary ADDRESS Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Described case to coroner who said to go ahead and fill out certificate. JM

RECEIVED 5-5-52
Jasper County Health Office
County File Number 52/5/337
Date Filed 5-5-52

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 Jack C. Simpson
Licensed Embalmer No. 4647
P. O. Address Webb City, 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.

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