No. 300
10.48

FILED AUG 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28705

State File No.

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 10

300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elkhorn Twp
c. LENGTH OF STAY (in this place): 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stella Mo RT
d. STREET ADDRESS (If rural, give location): 06

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): Emerald
c. (Last): Buther

4. DATE OF DEATH (Month) (Day) (Year): 7-12-52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W 2
8. DATE OF BIRTH: 4-5-1876
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Power Plant
11. BIRTHPLACE (State or foreign country): Girard Kansas
12. CITIZEN OF WHAT COUNTRY?: W S

13a. FATHER'S NAME: Lewis Buther
13b. MOTHER'S MAIDEN NAME: Hanna Venhine
14. NAME OF HUSBAND OR WIFE: Jemimiah Buther

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: F. L. Buther

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): Chronic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

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: 4214
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* 6-15, 1952, *to* 7-6, 1952, *that I last saw the deceased alive on* 7-6, 1952, *and that death occurred at* 430A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. B. Bush MD
23b. ADDRESS: Anderson, Mo
23c. DATE SIGNED: 7-1 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-13-1952
24c. NAME OF CEMETERY OR CREMATORY: Union Cem. S.
24d. LOCATION (City, town, or county) (State): Stella Mo.

DATE REC'D BY LOCAL REG.: Aug. 26, 1952
REGISTRAR'S SIGNATURE: O. E. Plumlee 1781
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R. M. Humphrey Pineville, Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1952

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 R. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.