

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30599

State File No.

LEO AUG 23 1952

BIRTH NO.		REG. DIST. NO. 78		PRIMARY REG. DIST. NO. 455		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY WRIGHT 11410		b. CITY (If outside corporate limits, write RURAL and give township) MTN. GROVE		a. STATE MO.		b. COUNTY WRIGHT 11410	
c. LENGTH OF STAY (in this place) 50 YRS		c. CITY (If outside corporate limits, write RURAL and give township) MTN. GROVE		c. CITY (If outside corporate limits, write RURAL and give township) 0		d. STREET ADDRESS (If rural, give location) OAKLAND AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION MTN. GROVE GENERAL HOSP				d. STREET ADDRESS (If rural, give location) OAKLAND AVE			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) MINNIE	b. (Middle) LEE	c. (Last) BUTCHER	(Month) AUG	(Day) 8	(Year) 1952	F	W
6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/17/1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME		11. BIRTHPLACE (State or foreign country) DOUGLAS COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CECIL DIGTSON		13b. MOTHER'S MAIDEN NAME MELISSA HILTS		14. NAME OF HUSBAND OR WIFE W.R. BUTCHER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME W.R. Butcher Inty. Home			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-Surgical Shock					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Respiratory Failure					
		DUE TO (c) Fracture of neck of Left Femur					
		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				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? 114			
22. I hereby certify that I attended the deceased from July 31, 1952, to August 8, 1952, that I last saw the deceased alive on August 8, 1952, and that death occurred at 12:50 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard G. Thiteler				23b. ADDRESS Rt 2 - Mt. Grove, Mo.		23c. DATE SIGNED 8-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE AUG. 10/52	24c. NAME OF CEMETERY OR CREMATORY Pleasant Mound		24d. LOCATION (City, town, or county) (State) Douglas County Mo.		
DATE REC'D BY LOCAL REG. 9-2-52		REGISTRAR'S SIGNATURE A.C. Ames 348-1		25. FUNERAL DIRECTOR'S SIGNATURE Rev. Bob Inty. Home			

(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

R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Wichita, Kansas

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.