

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**463**

State File No. ....

BIRTH NO. FILED JAN 12 1953 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 3

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Callaway</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (In this place) <u>89 Days</u>		d. STREET ADDRESS (If rural, give location) <u>103 E. 12th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Co. Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Ella</u> c. (Last) <u>Butterfield</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan. 4 1953</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Sept. 30, 1873</u>
<b>9. AGE</b> (In years last birthday) <u>79</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Pike Co, Illinois</u>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	

<b>13a. FATHER'S NAME</b> <u>George Hazelrigg</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Morgan</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>William H. Butterfield</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Louis Butterfield</u>
		<b>ADDRESS</b> <u>Fulton, Mo.</u>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Colic</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonia</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> <u>Carcinoma of Gall Bladder - 18 Mo.</u> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>155X</u>			

<b>19a. DATE OF OPERATION</b> <u>Sept. 19, 1952</u>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Carcinoma of G. Bl. Liver invasion</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 1-4, 1953, to 1-4, 1953, that I last saw the deceased alive on 1-4, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>John J. Brown M.D.</u>	<b>23b. ADDRESS</b> <u>Fulton Mo.</u>	<b>23c. DATE SIGNED</b> <u>1-5-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Jan-6-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>EHillcrest</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Fulton Mo</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>Jan-5-1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Maretha Lawrence</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE/ ADDRESS</b> <u>426 S. Hallway Funeral Home, Fulton, Mo.</u>
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(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 William E. Furbse

Licensed Embalmer No. 4870

P. O. Address. Fulton, 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.