

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **1917**

FILED FEB 11 1953

BIRTH NO.		REG. DIST. NO. 155	PRIMARY REG. DIST. NO. 5580	Registrar's No. 23
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Twin GrovesTwp		c. LENGTH OF STAY (In this place) 22 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Twin GrovesTwnshp
d. FULL NAME OF HOSPITAL OR INSTITUTION Webb City, Route 1		d. STREET ADDRESS (If rural, give location) Webb City, Route 1 0490		
3. NAME OF DECEASED (Type or Print) Cartherine Elizabeth Butterbaugh		4. DATE OF DEATH (Month) (Day) (Year) Feb 6-1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 10-1864	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (City and State or Foreign Country) No. Judson, Indiana / USA	
13a. FATHER'S NAME George Stocker		13b. MOTHER'S MAIDEN NAME Magadalene Shumacher	14. NAME OF HUSBAND OR WIFE Martin Butterbaugh	
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 Mrs. J. C. Johnson, Rt 1, Webb City, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 72 Hrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		Yrs.
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia		36 Hrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222		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?	
22. I hereby certify that I attended the deceased from 5/8 , 19 51 , to 2/6 , 19 53 , that I last saw the deceased alive on 2/5 , 19 53 , and that death occurred at 11 a m., from the causes and on the date stated above.				
23a. SIGNATURE Alba		23b. ADDRESS Alba, Mo		23c. DATE SIGNED 2-6-53
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb 9-1953	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
DATE REC'D BY LOCAL REG. 2-6-'53		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo

(Licensed Embalmers' Statement on Reverse Side)

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

3490
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2-9-53

Office

146

2-9

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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 Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.