

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8811**

FILED MAR 30 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **348**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Green Township 0830	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) *****	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) Mary Ann Butts		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH November 29, 1877 75
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (City and State or Foreign Country) Platte County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wilson Gragg Butts		13b. MOTHER'S MAIDEN NAME Mary Julia Duncan		14. NAME OF HUSBAND OR WIFE None	
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 Miss. Olie Butts Dearborn, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism ANTECEDENT CAUSES Lobar pneumonia 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. _____		INTERVAL BETWEEN ONSET AND DEATH 10 min 10k	

19a. DATE OF OPERATION 3-17-53		19b. MAJOR FINDINGS OF OPERATION 490x		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 **3-10, 1953, to 3-17, 1953**, that I last saw the deceased alive on **3-17, 1953**, and that death occurred at **6:00 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS 301 N. 8 St. Joseph, Mo.		23c. DATE SIGNED 3-19-53	
--------------------------------------	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Davis Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Dearborn, Missouri.	
DATE REC'D BY LOCAL REG. March 25, 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St. Joseph, MO	

(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 *Albert C. Sturington*

Licensed Embalmer No.3258 Missouri.....

P. O. Address....St. Joseph, Missouri.....

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.