

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13436

State File No.

FILED APR 27 1953

BIRTH NO.		REG. DIST. NO. <u>44</u>		PRIMARY REG. DIST. NO. <u>4060</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> <u>0130</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte Co. AR 20</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Breckenridge</u>		c. LENGTH OF STAY (In this place) <u>4 weeks</u>		c. CITY OR TOWN <u>Edgerton, Mo</u>		1			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rev. O.E. Lockhart Residence Breckenridge, Mo</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>Olie</u>			a. (First)		b. (Middle)		c. (Last) <u>Butts</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 21 1953</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>6-9-1879</u>	
9. AGE (In years last birthday) <u>73</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Platte Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wilson Chagg Butts</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Julia Duncan</u>			14. NAME OF HUSBAND (OR WIFE)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. O.E. Lockhart</u>				ADDRESS <u>Breckenridge</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cancer involving stomach lining and bowels.</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer involving stomach lining and bowels.</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, amentia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151 X</u>				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) (m.)		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 <u>April 15</u> , 1953, to <u>April 21</u> , 1953, that I last saw the deceased alive on <u>April 21</u> , 1953, and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J.W. Webb MD</u>				23b. ADDRESS <u>Breckenridge, Mo</u>		23c. DATE SIGNED <u>4-22-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Davis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dea born, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-24-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Nell B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Warrnell Funeral Home, Breckenridge, Mo</u>					

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

NOV 4 1956

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

George D. Trammell

Licensed Embalmer No.

4425

P. O. Address

Duckensidze, Pa

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.