

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 6 - 1953

REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Alabama</b> b. COUNTY <b>Blount</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gideon, (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cleveland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>801 St 8</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>(None)</b> c. (Last) <b>Butler</b>		4. DATE OF DEATH (Month) <b>June</b> (Day) <b>29</b> (Year) <b>1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-8-1869</b>
9. AGE (In years last birthday) <b>83</b>		10. MONTHS <b>7</b>	11. DAYS <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Blount County, Alabama</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>DBilly Roberts</b>	
13b. MOTHER'S MAIDEN NAME <b>Lisa Vaughn</b>		14. NAME OF HUSBAND OR WIFE <b>Dan Butler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Matilda Swan</b>		ADDRESS <b>Gideon, Missouri</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy + Paralytic stroke</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Age</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Age and heat</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334XF</b>	
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 <b>June 27, 1953</b> , to <b>June 29, 1953</b> that I last saw the deceased alive on <b>June 29, 1953</b> and that death occurred at <b>6 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b>		23b. ADDRESS <b>Gideon, Mo</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-30-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Tabernacle Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Near Cleveland, Alabama</b>	
DATE REC'D BY LOCAL REG. <b>7-2-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>[Address]</b>	

(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

*Lloyd Russell*

Licensed Embalmer No.

*509-Ark*

P. O. Address

*Piggott, Ark.*

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.