

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22483

FILED JUL 13 1953
BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5950 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Middletown Rural Hartford Twp</u>		c. CITY OR TOWN <u>Middletown Rural Hartford Twp</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>4 Mi. N.E. of Middletown Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Lemasters</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 4 - 1953</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Feb 2 - 1871</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Middletown Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jackson Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Sollie Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Reuben Lemasters</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Heam, Middletown Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart failure</u>		DUE TO (b) <u>Coronar - Vascula - Renal disease</u>		Interval: _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>senility</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 June 22, 1953, to July 4, 1953, that I last saw the deceased alive on July 3, 1953 and that death occurred at 4:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H.R. Titus</u>		23b. ADDRESS <u>D.O. Middletown Mo.</u>		23c. DATE SIGNED <u>July 4, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>					

DATE REC'D BY LOCAL REG. <u>7-8-53</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Butler</u>	
				ADDRESS <u>Middletown Mo</u>	

(Licensed Embalmer's Statement on Reverse Side) By B W Butler

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

2820

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 John W. Putter
Licensed Embalmer No. 24447

P. O. Address Bauley Green

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.