No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25588

BIRTH NO. FILED AUG 14 1953 REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5710 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powehh - Center
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powehh - Center 0600
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hester
b. (Middle): Ruth
c. (Last): Buttram

4. DATE OF DEATH (Month) (Day) (Year): 7-29-53

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N M
8. DATE OF BIRTH: 2-6-1938
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR Months: 5 Days: 23 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ✓
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Albuquerque N.M.
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: B. J Buttram
13b. MOTHER'S MAIDEN NAME: Lois
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: W E Buttram Powehh, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rheumatic Heart — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES
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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19 49, *to* July 29, 19 53, *that I last saw the deceased alive on* July 29, 19 53, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sw Russel D.O.
23b. ADDRESS: Pineville Mo
23c. DATE SIGNED: 8-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Buriah
24b. DATE: 8-1-53
24c. NAME OF CEMETERY OR CREMATORY: Union Cem
24d. LOCATION (City, town, or county) (State): Stella Mo. (R)

DATE REC'D BY LOCAL REG.: Aug. 11, 1953
REGISTRAR'S SIGNATURE: O. E. Plumber 178
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R. M. Humphrey Pineville 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 Wayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.