

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38243

State File No.

FILED NOV 30 1953

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rector Nursing Home</u>		c. CITY OR TOWN <u>Fulton</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>----</u> c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED <u>WIDOWED</u> OR DIVORCED <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>Feb. 13, 1870</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert Cameron</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Skidmore</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hamilton Holt</u> ADDRESS <u>Columbia Mo.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hypertensive Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
ANTECEDENT CAUSES Morbidity 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 <u>443X</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)		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>11. 14.</u> , 19 <u>52</u> , to <u>11. 24.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11. 24.</u> , 19 <u>53</u> , and that death occurred at <u>11:00 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James H. Atkins, M.D.</u> (Degree or title)		23b. ADDRESS <u>Columbia Mo. 510A Cherry</u>	
23c. DATE SIGNED <u>11. 24. 53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	
24d. LOCATION (City, town, or county) (State) <u>Fulton Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maxine Funeral Home</u> ADDRESS <u>Fulton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 27 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1/22 - 10 1930

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..... Signature of Student Embalmer

Signed *Dary A. Stewart*

Licensed Embalmer No. *3722*

P. O. Address *Fallon W*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.