S. No. 300
V. 10.48

7000

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43309

FILED JAN 5 1954

BIRTH NO. ____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 230

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Little Blue (Twp) Twp
c. LENGTH OF STAY (in this place): 1½ Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Rt 9
d. STREET ADDRESS (If rural, give location): 2632 Emmett 7000

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Jane
c. (Last): Butts

4. DATE OF DEATH (Month) (Day) (Year): Dec 18 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec 14 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 0, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Mallott Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John R. Howard
13b. MOTHER'S MAIDEN NAME: Malinda Stephens
14. NAME OF HUSBAND OR WIFE: Willard O Butts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Emil R. Butts — ADDRESS: 2632 Emmett K.C. 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): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Arteriosclerosis

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: 332X
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* Dec 16, 1953, *to* Dec 18 1953, *that I last saw the deceased alive on* Dec 18, 1953, *and that death occurred at* 5:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Wagner, M.D.
23b. ADDRESS: Jackson County Hospital
23c. DATE SIGNED: 12-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec 19, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rockfield Cem
24d. LOCATION (City, town, or county) (State): Veldersburg, Indiana

DATE REC'D BY LOCAL REG.: 12/19/53
REGISTRAR'S SIGNATURE: N B Langsford 483
25. FUNERAL DIRECTOR'S SIGNATURE: Dixon L. Kelly — ADDRESS: Indep. 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 Guy J. Shelton

Licensed Embalmer No. 4700

P. O. Address Independence, M

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.