

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3930**

FILED FEB 23 1954

BIRTH NO.		REG. DIST. NO. <b>27</b>		PRIMARY REG. DIST. NO. <b>3005</b>		Registrar's No. <b>14</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Bates</b>		b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Butler</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Bates</b>	
c. LENGTH OF STAY (in this place) <b>9 days</b>		c. CITY OR TOWN <b>Butler</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>Pine Tree Rest Home</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>Eva</b>		b. (Middle)		c. (Last) <b>Hutson</b>		6. COLOR OR RACE <b>W</b>	
(Type or Print)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>5-2-1879</b>		9. AGE (In years last birthday) <b>74</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>5-2-1879</b>	
9. AGE (In years last birthday) <b>74</b>		10. 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>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jasper Booker</b>		13b. MOTHER'S MAIDEN NAME <b>Flender Barb</b>	
13a. FATHER'S NAME <b>Jasper Booker</b>		13b. MOTHER'S MAIDEN NAME <b>Flender Barb</b>		14. NAME OF HUSBAND OR WIFE <b>W.A. Hutson</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>	
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 ADDRESS <b>Mrs. E.N. Crook Kansas City, Mo.</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH	
		DUE TO (c) <b>of Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH	
		Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION				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)		21. HOW DID INJURY OCCUR?	
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)		21. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb 3, 1954</b> to <b>Feb 11, 1954</b> , that I last saw the deceased alive on <b>Feb 11, 1954</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Eva A. Kunk</b>		23b. ADDRESS <b>Butler, Mo.</b>		23c. DATE SIGNED <b>Feb. 12, 1954</b>			
23a. SIGNATURE (Degree or title) <b>Eva A. Kunk</b>		23b. ADDRESS <b>Butler, Mo.</b>		23c. DATE SIGNED <b>Feb. 12, 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-13-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-13-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 13-54</b>		REGISTRAR'S SIGNATURE <b>Kendall Kury</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver Underwood</b>		ADDRESS <b>Butler, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 13-54</b>		REGISTRAR'S SIGNATURE <b>Kendall Kury</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver Underwood</b>		ADDRESS <b>Butler, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MSK 0071

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 *Robert G. Steinbeck*

Licensed Embalmer No. *4057*

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