

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5675

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| FILED MAR 15 1954 | | REG. DIST. NO. 274 | | PRIMARY REG. DIST. NO. 3052 | | Registrar's No. 113. | |
| 1. PLACE OF DEATH a. CITY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pettis & Morgan | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Schellie Sedalia 2 days | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0800 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) August | | a. (First) A. Buttermere | | c. (Last) | | 4. DATE OF DEATH March 4 1954 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH Aug 3 - 1883 | |
| 9. AGE (In years, last birthday) 70 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | | 11. BIRTH PLACE (City and State or Foreign Country) Morgan Co Mo | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Henry Buttermere | | 13b. MOTHER'S MAIDEN NAME Bertie Otten | | 14. NAME OF HUSBAND OR WIFE Lillie deceased | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 212 | | 17. INFORMANT'S SIGNATURE OR NAME Elmer Buttermere | | ADDRESS Florence 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic C-V-R disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 14 days | |
| 19a. DATE OF OPERATION | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 15 Feb 1954, to 4 March, 1954, that I last saw the deceased alive on 4 March, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE P.V. Siegel MD (Degree or title) | | | | 23b. ADDRESS Smithton Mo | | 23c. DATE SIGNED 3-6-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar 6-54 | | 24c. NAME OF CEMETERY OR CREMATORY Smithton | | 24d. LOCATION (City, town, or county) (State) Smithton Mo | |
| DATE REC'D BY LOCAL REG. 3/6-1954 | | REGISTRAR'S SIGNATURE R.G. Campbell MD | | 25. FUNERAL DIRECTOR'S SIGNATURE R.F. Hammer | | ADDRESS Smithton 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

A. F. Hammer

Licensed Embalmer No. 3912

P. O. Address *Smithton SMO*

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.