No. 300
10.48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11153

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 5076 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland Twp.
c. LENGTH OF STAY (In this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles N.E. Jasper

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

0490
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3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Lee
c. (Last): Butler

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 7, 1881
9. AGE (In years last birthday): 73 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and State or Foreign Country): Jasper, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John C. Law
13b. MOTHER'S MAIDEN NAME: Jennie Henderson
14. NAME OF HUSBAND OR WIFE: Milo Butler

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.
17. INFORMANT'S SIGNATURE OR NAME: Mr. Milo Butler, ADDRESS: Jasper, 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) Influenza — INTERVAL BETWEEN ONSET AND DEATH: 4 Mon.

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. Bronchitis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 481 X
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* 1-1-, 1954, *to* 4-11-, 1954, *that I last saw the deceased alive on* 4-10-, 1954, *and that death occurred at* 2:0 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Knott M.D.
23b. ADDRESS: Jasper, Mo.
23c. DATE SIGNED: 4-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 13 Apr. 54
24c. NAME OF CEMETERY OR CREMATORY: Mount Carmel
24d. LOCATION (City, town, or county) (State): Barton County, Mo.

DATE REC'D BY LOCAL REG.: Apr. 13, 1954
REGISTRAR'S SIGNATURE: Hazel H. Pugh
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sharp & Selvey, Jasper, Mo.
(Licensed Embalmer's Statement on Reverse Side) Lauren S. Sharp for

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

VS NOV 2 1962

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 Lawson L. Sharp

Licensed Embalmer No. 4922

P. O. Address Joplin, 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.