

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12771

State File No. _____

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5814 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Buffalo Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	
c. LENGTH OF STAY (in this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>12 miles South of Stover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W.W. Butts Home 12 miles South</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Estel</u> c. (Last) <u>BUTTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4, 1882</u>	9. AGE (In years of month) (last birthday) <u>72</u>	10. MONTHS <u>11</u> 11. DAYS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tipton County Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Benjamin Butts</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Alvia Butts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. W.W. Butts Stover, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated Cor pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH. <u>several years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic purulent bronchitis</u> DUE TO (c) <u>Old bronchiectasis, Cancer unknown</u>		
	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 _____	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) <u>Stover, MO. MISSOURI MISSOURI</u>
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? <u>5021</u>

22. I hereby certify that I attended the deceased from March 10, 1953, to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas P. Weaver D.O.</u>		23b. ADDRESS <u>Stover, Mo.</u>		23c. DATE SIGNED <u>5/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chimax Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Chimax Springs, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May 8 1954</u>	REGISTRAR'S SIGNATURE <u>Michael J. Pepper</u>	212 70	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Sam R. Scrivner, Versailles, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0710

0710

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

J. Ann R. Scribner

Licensed Embalmer No. *4880*

P. O. Address *Versailles, 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.