

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14726

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>373</u>	PRIMARY REG. DIST. NO. <u>4545</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MONTANA</u> b. COUNTY <u>Gallatin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshfield mo</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Bozeman</u>	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		e. STREET ADDRESS (If rural, give location) <u>825-08</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>		b. (Middle) <u>Buttell</u>	c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 18 1881</u>	9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Store</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Humansville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Burrell</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Sadler</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Buttell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Dora Buttell Bozeman Mont.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined. Natural Cause</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Few Minutes</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cardio-Vascular Disease</u> <u>Death probably due to Intra-cranial Hemorrhage</u>  DUE TO (c) <u>(Died suddenly while parking car. Heart beats continued briefly after respiration ceased.</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>after respiration ceased.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>April 19, 1954</u> , to <u>April 19, 1954</u> , that I last saw the deceased alive on <u>April 19, 1954</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>C.P. Macdonald, M.D.</u>		23b. ADDRESS <u>Marshfield, Mo.</u>		23c. DATE SIGNED <u>4/20/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-20-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humansville</u>	24d. LOCATION (City, town, or county) (State) <u>Humansville Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-21-54</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barber-Batto. Marshfield Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1956

JUN 10 1954

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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 *Glen D. Williams*

Licensed Embalmer No. *462*

P. O. Address *Marshfield*

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.