

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24179

State File No.

 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR RURAL TOWN <u>Farmington St. Francois</u>		c. LENGTH OF STAY (in this place) <u>lmo. 5 das.</u>	c. CITY OR TOWN <u>St. Mary's</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VALLIE</u>		b. (Middle) <u>EDMOND</u>	
c. (Last) <u>BUATTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 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>April 17, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>45</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Kaskaskia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Buatte</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Huey</u>	
14. NAME OF HUSBAND OR WIFE <u>Irene Moll</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 <u>Records, State Hospital No. 4, Farmington, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage - - - - -</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 das.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Central nervous system lues - - -</u> Unknown. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Psychosis with syphilitic meningo encephalitis.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>026 X</u>	
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 <u>April 21, 1954</u> to <u>July 12, 1954</u> , that I last saw the deceased alive on <u>July 12, 1954</u> and that death occurred at <u>1:20 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John D. Brennan M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	
23c. DATE SIGNED <u>7-12-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Mary's, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Basler Funeral Home, Ste. Genevieve, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 12, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Kelly</u>	

(License) Embalmer's Statement on Reverse Side)

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

No. 300
10-48940
2

400-1-9

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 *Adrian J. Epler*.....

Licensed Embalmer No. *474*.....

P. O. Address *Ste. 2*.....

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.