

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 29 1954

State File No. 29760

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Bates:</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Wisconsin</b> b. COUNTY <b>Dane</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler Mo.</b>		c. CITY OR TOWN <b>Madison</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7-Mo.</b>		e. STREET ADDRESS (If rural, give location) <b>8480 S</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gertrude</b> b. (Middle) <b>Stevenson</b> c. (Last) <b>North</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 19 54</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 10 1876</b>	9. AGE (In years last birthday) <b>78</b>	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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Weldon Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Crang</b>	13b. MOTHER'S MAIDEN NAME <b>Louella Kirker</b>	14. NAME OF HUSBAND OR WIFE <b>Leon L North</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Arthur Alvis-Butler Missouri</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC MYOCARDITIS</b>		<b>UNKNOWN</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>  DUE TO (c)		<b>UNKNOWN</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>FRacture RIGHT FEMUR</b> <b>MULTIPLE DECUBITUS ULCERS</b>		<b>13 Mo.</b> <b>6 Mo.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4221 F</b>	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)	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 **DEC 13, 1953**, to **SEPT 19, 1954**, that I last saw the deceased alive on **SEPT 19, 1954**, and that death occurred at **4:57 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John M. Cooper M.D.</b>	23b. ADDRESS <b>BUTLER, MO</b>	23c. DATE SIGNED <b>9-20-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Reburial</b>	24b. DATE <b>9/23/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>
DATE REC'D BY LOCAL REG. <b>Sept. 22-54 Kendall Hervey</b>		24d. LOCATION (City, town, or county) (State) <b>Madison Wisconsin</b>
REGISTRAR'S SIGNATURE <b>Kendall Hervey</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Culver Underwood Butler Mo.</b>

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

MAR 2 1953

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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 *Robert D. Steinbeck*.....

Licensed Embalmer No. *465*

P. O. Address *Butler, Pa.*

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.