

REC'D NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37124

State File No. \_\_\_\_\_

5452  
2128

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>1023-A</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove R. 1</u>		c. LENGTH OF STAY (In this place) <u>Native</u>		c. CITY OR TOWN <u>Ash Grove</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. of Ash Grove 4 mi</u>				f. STREET ADDRESS (If rural, give location) <u>R. F. D. 0290</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amy</u> b. (Middle) <u>Izella</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-1954</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>9-24-1885</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>1</u>		11. DAYS <u>11</u>		12. IF UNDER 1 YEAR Hours <u>11</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>house keeper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co., MO</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John L. Butcher</u>			13b. MOTHER'S MAIDEN NAME <u>Tiny Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Keith</u>		ADDRESS <u>Ash Grove 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, asphyxia, 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>  ANTECEDENT CAUSES DUE TO (b) <u>ARTERIO-Sclerosis</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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 <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>May 15, 1954</u> , to <u>Nov 3, 1954</u> , that I last saw the deceased alive on <u>Nov 3, 1954</u> , and that death occurred at <u>12:40 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>C. T. Slagter, Jr.</u> (Degree or title)				23b. ADDRESS <u>Ash Grove, Mo.</u>		23c. DATE SIGNED <u>11/5/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gorrouette</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE Co MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>11-22-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Monnie - Jimmie Miller Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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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.....  
*E. P. Simon*

Licensed Embalmer No. 3297

P. O. Address *Miller St.*

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.