

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32774

State File No. _____

FILED NOV 8 1955

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4192 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>	c. LENGTH OF STAY (in this place) <u>74 yrs.</u>	c. CITY OR TOWN <u>Stanberry</u>	d. 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 <u>First St.</u>		f. STREET ADDRESS (If rural, give location) <u>First St.</u> <u>0380</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Margaret</u> b. (Middle) <u>Agnes</u> c. (Last) <u>Butterbaugh</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/31/55</u>
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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>Dec. 26 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>David Drinkard</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth McPartney</u>	14. NAME OF HUSBAND OR WIFE <u>Clyde Butterbaugh</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE AND NAME <u>Clyde Butterbaugh Stanberry Mo</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalopathy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension w/ arteriosclerosis</u>		
	DUE TO (c) <u>unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			<u>447X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 _____
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22. I hereby certify that I attended the deceased from 2-5, 1954, to 10-31, 1955, that I last saw the deceased alive on 10-31, 1955, and that death occurred at 6.00p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur R. Barlin</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Stanberry, Mo</u>	23c. DATE SIGNED <u>11-2-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 3 1955</u>	REGISTRAR'S SIGNATURE, <u>Maudie Williams</u> <u>462</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Fatoy G. Philler Stanberry, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Albert L. Powell

RECEIVED
FEB 17 1901

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 *Lester J. Phillips*

Licensed Embalmer No. *1890*

P. O. Address *St. Louis*

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.