

FILED MAR 13 1956

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6288 Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY <u>Wright</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Grovespring</u> | c. LENGTH OF STAY (in this place) <u>55 yrs</u> | c. CITY OR TOWN <u>Grovespring</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>Grovespring Rural</u> | | f. STREET ADDRESS (If rural, give location) <u>Rural Route 1140</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Buttram</u> c. (Last) <u>Buttram</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 2, 1956</u> |
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| 5. SEX <u>♀</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov. 26, 1884</u> | 9. AGE (In years last birthday) <u>71</u> | 10. UNDER 1 YEAR Months <u>3</u> Days <u>6</u> | 11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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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>Wright Co. Mo.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>U. S. A.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>William Petet</u> | 13b. MOTHER'S MAIDEN NAME <u>Margret Greathouse</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Buttram</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 OR NAME <u>Frank Buttram</u> | ADDRESS <u>Grovespring, Mo.</u> |
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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>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | 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 Feb 28, 1956, to March 1, 1956, that I last saw the deceased alive on March 1, 1956, and that death occurred at 1: A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. V. Horn</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Green Springs Mo.</u> | 23c. DATE SIGNED <u>3-3-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/4/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Little Vine Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Grovespring Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3-7-56</u> | REGISTRAR'S SIGNATURE <u>E. Garner</u> | 436 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman Funeral Home</u> | ADDRESS <u>Lebanon Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
Number
MAR 10 1956
26-34

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 *Dorsey M. Howe*

Licensed Embalmer No. *422*

P. O. Address *Tebano*

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.