

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

195688

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 176

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>OVERLAND 400X</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. HOSPITAL #1</u> Length of stay in lb <u>1 yr. 3 mos</u> | | d. STREET ADDRESS <u>2358 SO. MILTON</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|---------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) <u>COURTNEY BUTTONS</u> First <u>Courtney</u> Middle <u>Buttons</u> Last <u>Buttons</u> | | | 4. DATE OF DEATH <u>JUNE 28 1956</u> Month <u>June</u> Day <u>28</u> Year <u>1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W</u> | MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>JAN. 27, 1913</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Mins. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Electrical Corp</u> | 11. BIRTHPLACE (City and state or country) <u>MARLOW, OKLA.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Meade G. Buttons</u> | | | 14. MOTHER'S MAIDEN NAME <u>Laurella Jaggart</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u> | | 16. SOCIAL SECURITY NO. <u>498-03-8413</u> | 17. INFORMANT <u>HOSPITAL RECORDS FULTON, MO</u> Address <u>ST. HOSP.</u> | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC MYOCARDITIS</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>CHRONIC INANITION</u> | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>TERMINAL PNEUMONIA</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>8:50 PM</u> Month <u>June</u> Day <u>28</u> Year <u>1956</u> a. m. <u>0</u> p. m. <u>0</u> | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION <u>FULTON MO</u> | COUNTY <u>Mo</u> STATE <u>Mo</u> |

21. I attended the deceased from Nov 9, 1955 to June 28, 1956 and last saw her alive on June 28, 1956
Death occurred at 8:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Frank J. Nichols by proxy</u> (Deceased or title) | 22b. ADDRESS <u>Fulton Mo</u> | 22c. DATE SIGNED <u>6/28/56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 2-1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Talwalla Cem</u> |
| 23d. LOCATION (City, town, or county) <u>Pagedale</u> | | (State) <u>Mo</u> |

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| 24. FUNERAL DIRECTOR <u>Wallace Funeral Home</u> ADDRESS <u>Fulton Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>June 29, 1956</u> | 26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2

26

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Nector L. Masure Student Embalmer No. 5
working under my personal supervision..

Student N. Masure
Signature of Student Embalmer

Signed Daniel E. Browning

Licensed Embalmer No. 27

P. O. Address Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.