

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'57 017692

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5384</u>		Registrar's No. <u>51</u>		
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>				
b. CITY OR TOWN <u>RURAL-MERAMEC</u>		c. LENGTH OF STAY (In this place) <u>14y-7m-19d</u>		c. CITY OR TOWN <u>VIGUS</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>ST. JOSEPH'S HILL INF.</u>				e. STREET ADDRESS (If rural, give location) <u>VIGUS, MISSOURI 4000</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HILBERT</u> b. (Middle) <u>J.</u> c. (Last) <u>BUTRICKS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1957</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 12-1876</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATIONARY ENGR.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>QUARRY CONST. CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GALVE COUNTY OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM BUTRICKS</u>			13b. MOTHER'S MAIDEN NAME <u>IDA MAE MIGHT</u>		14. NAME OF HUSBAND OR WIFE <u>LOUISA MORE</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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bro. Conrad St. Joseph's Hill</u> ADDRESS <u>Euclid, 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>CARDIAC INSUFFICIENCY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY EDEMA</u> DUE TO (c) _____ 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					20. AUTOPSY? <u>2</u> 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 <u>OCT 8</u> , 19 <u>42</u> , to <u>MAY 27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>MAY 27</u> , 19 <u>57</u> , and that death occurred at <u>9:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. L. Marder</u> (Degree or title)				23b. ADDRESS <u>4323 ROLAND DRIVE</u> <u>NORMANDY, MO.</u>		23c. DATE SIGNED <u>5/27/57</u>		
24a. PERVAL, CREMATION REMOVAL (Specify)		24b. DATE <u>5/29/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		
DATE REC'D BY LOCAL REG <u>5/29/57</u>		REGISTRAR'S SIGNATURE <u>Robert G. Bauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Cullen & Kelly</u>		ADDRESS <u>7267 Natl. Ridge</u>		

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUN 4 1957

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.....
Not Embalmed

Licensed Embalmer No.....

P. O. Address *Spring*

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.