

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017788

STATE FILE NUMBER

FILED MAY 10 1958

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 17

5. 300  
1-57

370

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Canaan Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Ridgeway</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rosebud Mo. Route</b>		Length of stay in lb <b>4Months.</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Clarence Butts</b>			4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1958</b>		
5. SEX <b>0</b> <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 19 1888</b>		9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Shawneetown, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Asa Butts</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Jenkins</b>		14. NAME OF HUSBAND OR WIFE <b>Agnes Butts</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>327-03-3181</b>	17. INFORMANT Address <b>Mrs. Edith Gehner - Rosebud, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>chronic Myocardial Degeneration</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Left Hemiplegia - Due To Embolus Originating in Heart</b>					<b>24 hrs.</b>
DUE TO (c) <b>4222</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1-20-58</b> to <b>5-7-58</b> and last saw him alive on <b>5-7-58</b> Death occurred at <b>11 P.M. 5-8-58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Paula Brown, M.D.</b>		22b. ADDRESS <b>Owensville, Mo.</b>		22c. DATE SIGNED <b>5-9-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5-11-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Crawford Cemetery</b>	
				23d. LOCATION (City, town, or county) (State) <b>Ridgeway, Illinois</b>	
24. FUNERAL DIRECTOR <b>Gottenstroeter F. Home Owensville, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>May 10, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Marjorie Jappmeyer</b>

*Walter H. Winter*

