. Health,
& Welfare
Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024429
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 373 Primary Registration District No. 6268 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): NIANGUA — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: WEBSTER
c. CITY OR TOWN: NIANGUA MO — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1120 — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: OLLIE Middle: MAY Last: BUTTRAM
4. DATE OF DEATH: Month: JUNE Day: 27 Year: 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Aug 3 1886
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: A.J. PIERCE
13b. MOTHER'S MAIDEN NAME: MARTHA PITCHFORD
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: BRADA CANTRELL Address: NIANGUA MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
DUE TO (c) ARTERIOSCLEROSIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): LEUKEMIA 4200 H
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 4/22/58 to 6/29/58 and last saw ~~her~~ him alive on 6/29/58
Death occurred at 5 AP m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD
22b. ADDRESS: Marshfield, Mo
22c. DATE SIGNED: 7/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6-30-1958
23c. NAME OF CEMETERY OR CREMATORY: BRAMHALL
23d. LOCATION (City, town, or county) (State): WRIGHT Co MO

24. FUNERAL DIRECTOR ADDRESS: BARBER-EDWARDS MARSHFIELD
25. DATE RECD. BY LOCAL REG.: 7-11-58
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 23 1958

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 George L. Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Gray, Me.

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.