

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029641  
STATE FILE NUMBER

FILED AUG 19 1958 Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon Hudson</b>		c. CITY OR TOWN <b>Macon</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lakeview Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>Lakeview Rest Home</b>	
3. NAME OF DECEASED (Type or print) First <b>NANNIE</b> Middle <b>E.</b> Last <b>BUTLER</b>		4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 5, 1863</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	9. AGE (In years last birthday) <b>95</b>
11. BIRTHPLACE (City and state or country) <b>Macon County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John T. Butler</b>		14. MOTHER'S MAIDEN NAME <b>Susan E. Darby</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Miss. Estelle Butler Macon, 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>Fracture Rt. Hip</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Poor Cardio-renal reserve</b>			<b>1 year</b>
DUE TO (c) <b>Possible intestinal obstruction</b>			<b>4 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Elderly patient, fair health until accident</b>			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.) <b>In sitting on commode</b>		
20c. TIME OF INJURY Hour <b>5</b> Month <b>July</b> Day <b>11</b> Year <b>1958</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		
20e. CITY, TOWN, OR LOCATION <b>Macon</b>	COUNTY <b>Macon</b>	STATE <b>Missouri</b>	
21. I attended the deceased from <b>11 July 58</b> , to <b>13 July 58</b> and last saw her alive on <b>13 July 58</b> Death occurred at <b>7:35 AM</b> on the date stated above, and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <b>Donald E. Eggleston</b>		22b. ADDRESS <b>Macon, Missouri</b>	22c. DATE SIGNED <b>15 July 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Salem</b>	23d. LOCATION (City, town, or county) (State) <b>Excello Missouri</b>
24. FUNERAL DIRECTOR <b>A. Lester Bram</b>	ADDRESS <b>Macon, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8/5/58</b>	26. REGISTRAR'S SIGNATURE <b>Beth M. Neely</b>

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service  
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8-12-58

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.....  
*Chen kith*

Licensed Embalmer No. 32

P. O. Address Mason

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.