

FILED VS MAY 23 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-020452

Registration District No. 294 Primary Registration District No. 3056 STATE FILE NUMBER _____ Registrar's No. 130

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Centralia <i>0100,</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Memorial / 7 days		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Route 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Priscilla Butler			4. DATE OF DEATH Month Day Year May 10 1960		
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5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1890	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 59 11	IF UNDER 24 HRS Hours Min.
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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) Perry, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Albert Powell	13b. MOTHER'S MAIDEN NAME Viola Taylor	14. NAME OF HUSBAND OR WIFE Russell Butler, Deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 499-42-3599	17. INFORMANT Address Mrs. Floyd Uman, Omaha, Neb.
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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) Medullary Failure		INTERVAL BETWEEN ONSET AND DEATH few hours 12 hours Several months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Cerebral Hemorrhage	
	DUE TO (c) Arteriosclerotic Hypertension	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [Redacted]
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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
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21. I attended the deceased from 7-11-51 to 5-10-60 and last saw her alive on 5-10-60 Death occurred at 1:22 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS [Address]	22c. DATE SIGNED 5-10-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 12, 1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Horeb	23d. LOCATION (City, town, or county) (State) Near Sturgeon, Mo.
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24. FUNERAL DIRECTOR Bill G. Nelson Centralia, Missouri	25. DATE RECD. BY LOCAL REG. 5-12-60	26. REGISTRAR'S SIGNATURE [Signature]
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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

1-0

STATEMENT BY LICENSED EMBALMER

MAY 25 1960

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 *B. J. Mendon*

Licensed Embalmer No. *4876*

P. O. Address *Centralia, Mass*

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.