JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

LED VS JUL 12 1960

NDED

60-024125

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 4742 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Putnam	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville — Length of stay in Tb 10 da	c. CITY OR TOWN Unionville — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) Monroe Hospital — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Nellie Middle Frances Last Butler

4. DATE OF DEATH: Month July Day 2 Year 60 ~~Sunxxxxxx1891~~

5. SEX: Female

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-7-91

9. AGE (last birthday): 68

IF UNDER 1 YEAR: Months 9 Days 25 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Putnam Col Mo

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Lloyd

13b. MOTHER'S MAIDEN NAME: Matilda Turnmeyer

14. NAME OF HUSBAND OR WIFE: Dan Butler

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.: none

17. INFORMANT: Neva Jarman-Unionville, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic degenerative myocarditis — 1 year

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 June 20-60 to July 2-60 and last saw her/him alive on July 2-60

Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas L Judd DO (Degree or title)

22b. ADDRESS Unionville Mo

22c. DATE SIGNED 7-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) B

23b. DATE 7-4-60

23c. NAME OF CEMETERY OR CREMATORY Unionville Cem.

23d. LOCATION (City, town, or county) (State) Unionville Mo.

24. FUNERAL DIRECTOR F.O Husted & Son-Unionville, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 7-9-60

26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.