

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029277

FILED VS JUL 18 1960 324 Primary Registration District No. 2072 Registrar's No. 137

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Saline	a. STATE Mo	b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall	Length of stay in 1b 4 Mos 4 da	c. CITY OR TOWN Gilliam	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS None	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First MOLLIE	Middle HELEN	Last BUTTS	Month July	Day 15
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/28/1868	9. AGE (last birthday) 91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wilhelm Zimmerman	13b. MOTHER'S MAIDEN NAME Mathilda Klein	14. NAME OF HUSBAND OR WIFE Belty Butts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Lela Willming Gilliam, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3/11/60
IMMEDIATE CAUSE (a)	Cerebral hemorrhage. Severe c	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Left hemiplegia & unconscious	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of femur - pathological.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Slater, Mo.	COUNTY Saline	STATE Mo
21. I attended the deceased from Feb 1949 to July 15-60 and last saw her alive on July 14, 1960 Death occurred at Marshall, Mo. 2:00 AM on the date stated above, and to the best of my knowledge from the causes stated.				

22a. SIGNATURE C. A. McBurney M.D.	(Degree or title)	22b. ADDRESS Slater, Mo.	22c. DATE SIGNED 7/15/60
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/17/1960	23c. NAME OF CEMETERY OR CREMATORY Slater	23d. LOCATION (City, town, or county) (State) Slater, Mo.

24. FUNERAL DIRECTOR Haines Funeral Home Slater, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-16-60	26. REGISTRAR'S SIGNATURE Cecil G. Read
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DOCUMENT
MEDICAL CERTIFICATION
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 _____
Signature of Student Embalmer

Signed Walter J. Haines

Licensed Embalmer No. 4557

P. O. Address Slater, N

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.