URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

60-031603

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 113

ENDED

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Louisiana
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pike County Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ohio
b. COUNTY: Hamilton
c. CITY OR TOWN: Cincinnati
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 505 Terrace Avenue
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Violet Middle: Elizabeth Last: Butler

4. DATE OF DEATH: Month: Sept. Day: 4, Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced X

8. DATE OF BIRTH: Jan. 16, 05

9. AGE (last birthday): 55

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

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

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Wichita, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Oran Guy Butler

13b. MOTHER'S MAIDEN NAME: Cecelia Ann Taylor

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.: 493-05-1072

17. INFORMANT: Mrs. Elliott Conea, Clarksville, 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory arrest c̄ pneumonia	5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic carcinoma of Breast	2 yrs.
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 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 6/21/60, to 9/4/60 and last saw her/~~him~~ alive on 9/4/60

Death occurred at 3:50 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John W. Middleton (Degree or title) M.D.

22b. ADDRESS: Louisiana Mo.

22c. DATE SIGNED: 9/5/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 10, 60

23c. NAME OF CEMETERY OR CREMATORY: Corner Stone Cemetery

23d. LOCATION (City, town, or county) (State): Lincoln Co. Missouri

24. FUNERAL DIRECTOR ADDRESS: Carroll-Collier, Clarksville, Mo.

25. DATE RECD. BY LOCAL REG.: SEPT 9, 1960

26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

SEP 15 1960

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 Geo. M. Calle

Licensed Embalmer No. 283

P. O. Address Louisia

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