

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040719

FILED VS. OCT 31 1960 333

Registration District No. _____ Primary Registration District No. 3074 Registrar's No. 248

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Scott		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b Most of Life		c. CITY OR TOWN Sikeston, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 606 Dorothy St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 606 Dorothy st. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ALFRED ELMER BUTRUM			4. DATE OF DEATH Month Day Year Oct. 11 1960		
5. SEX Male	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 8-31-1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 1 Days 10 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Scott Co, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Wesley Butrum		13b. MOTHER'S MAIDEN NAME Eliza Elizabeth Marshall	
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. 493-26-9169		17. INFORMANT Catherine Lee Butrum, Sikeston, Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH 20 minutes
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 type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Sikeston		COUNTY Scott		STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Lucas Pae (Degree or title) Cremator			22b. ADDRESS Sikeston Mo.		22c. DATE SIGNED 10/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-13-1960	23c. NAME OF CEMETERY OR CREMATORY Carpenter Cemetery		23d. LOCATION (City, town, or county) (State) North of Sikeston Mo
24. FUNERAL DIRECTOR Nunnelee Funeral Chapel ADDRESS Edw. E. Nunnelee		25. DATE RECD. BY LOCAL REG. 10-22-60		26. REGISTRAR'S SIGNATURE Miss Ella Hunter	

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Liberty

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