SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-022381

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5777

AMENDED

FILED JUN 29 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | Length of stay in 1b

c. CITY OR TOWN St. Louis. | Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Enroute City Hospital | Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3683 Olive, St. | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Naoma Middle P. Last Butler

4. DATE OF DEATH Month Day Year June 16, 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 4/22/1918

9. AGE (last birthday) 43 | 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) Retired Nurse

10b. KIND OF BUSINESS OR INDUSTRY Nursing

11. BIRTHPLACE (City and state or country) Arkansas

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

13a. FATHER'S NAME Farris C. Purviance

13b. MOTHER'S MAIDEN NAME Vergne Dorr

14. NAME OF HUSBAND OR WIFE Louis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO.

17. INFORMANT Address Dorothy Dorr, 7 Cottage, St. Hot Springs, Arkansas.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 2nd + 3rd degree burns of 75%

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

DUE TO (b) of body: suffered in fire in home on

DUE TO (c) June 16th, 1961. accident

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 916.0-16

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.) See above

20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 6-16-61

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.) 19 Home

20f. CITY, TOWN, OR LOCATION St Louis, Mo | COUNTY | STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Quinn Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 6-20-61

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

23b. DATE 6-20-61

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG. JUN 20 1961

26. REGISTRAR'S SIGNATURE Carl Smith M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

JUN 30 1961

STATEMENT BY LICENSED EMBALMER

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_____ 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 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.