

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030742

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 337Primary Registration District No. 3023Registrar's No. 197

FILED AUG 27 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Clinton</u>  |   | c. CITY OR TOWN<br><u>Clinton</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Kline Nursing Home</u>   |   | d. STREET ADDRESS<br><u>Kline Nursing Home</u>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>EMMA</u> Middle <u>E.</u> Last <u>BUTLER</u>  |   | 4. DATE OF DEATH<br><u>Aug. 18, 1962</u>  |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3/15/1895</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday)<br><u>67</u>  |
| 11a. FATHER'S NAME<br><u>Jacob. Myers</u>  |   | 11b. MOTHER'S MAIDEN NAME<br><u>Mary E. Young</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>493-12-3714A</u>  | 17. INFORMANT<br><u>417 S. Water</u><br><u>Mrs. Nellie Johnson, Clinton, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatosis</u><br>DUE TO (b) <u>Carcinoma of Breast -</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 mos -</u><br><u>8-1960</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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<br>COUNTY _____ STATE _____  |  |
| 21. I attended the deceased from <u>8-16-1960</u> to <u>8-18-62</u> and last saw her alive on <u>8-18-62</u><br>Death occurred at <u>5 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br>(Degree or title)<br><u>W.D. Brumshaw, M.D.</u>  |   | 22b. ADDRESS<br><u>Clinton Mo.</u>  | 22c. DATE SIGNED<br><u>8-20-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Aug. 21, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Smith Bend Cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>St. Clair Co., Mo.</u>   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>Vansant Funeral Home, Clinton, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Aug 20, 1962</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Waldred Bigum</u>  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 28 1962

### 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 \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*H. D. Vansant*

Licensed Embalmer No. 3779

P. O. Address \_\_\_\_\_

*Clinton, Mo.*

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.