

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037787

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3002 Registrar's No. 1082

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 5 1962	
1. PLACE OF DEATH a. COUNTY Butler	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in 1b 2 wks	
c. CITY OR TOWN Puxico Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctor's Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) family home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mildred Middle Buttry Last Buttry	
4. DATE OF DEATH October 23, 1962	
5. SEX female	6. COLOR OR RACE cauc.
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1909
9. AGE (last birthday) 53	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) housewife	10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Puxico, Missouri	12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Glenn Obards	13b. MOTHER'S MAIDEN NAME Minnie Glenn
14. NAME OF HUSBAND OR WIFE Lawrence Buttry	
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 Lawrence Buttry, Puxico, 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) Pulmonary Embolism DUE TO (b) Rheumatic Heart disease. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Failure - Compensated	
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 Puxico	COUNTY Stoddard STATE Missouri
21. I attended the deceased from 10-6-62 to 10-23-62 and last saw her ^{her} _{him} alive on 10-22-62 Death occurred at 10-23-62 2:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Fred Caldwell M.D. (Degree or title)	22b. ADDRESS
22c. DATE SIGNED 31 Oct 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/24/1962
23c. NAME OF CEMETERY OR CREMATORY Brown Cemeter	23d. LOCATION (City, town, or county) (State) R. #1, Puxico, Missouri
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Puxico, Missouri	25. DATE RECD. BY LOCAL REG. 11/1/1962
	26. REGISTRAR'S SIGNATURE Thelma Graham

VS 300 Rev. 4/59

6138
20302

3
4 **1**
5 **1**
6
7 **0**
8 **0**
9416X
10
11
12 **2-0**
13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Decker 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.