

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010674

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 87

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. <u>Missouri</u> b. COUNTY <u>Henry</u>                          |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Clinton</u>   |   | Length of stay in 1b<br><u>10 yrs</u>   | c. CITY OR TOWN <u>Calhoun</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (IF NO HOSPITAL OR INSTITUTION)<br><u>Klone Rest Home</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>Gen. Delaney</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>              |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>SARAH ETTA BUTLER</u>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>MAR. 24 1960</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>9/14/1869</u>   |
| 9. AGE (last birthday)<br><u>96</u>   |   | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>10</u>   | IF UNDER 24 HR<br>Hours <u>-</u> Min. <u>-</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Crawford County Ohio</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   | 13a. FATHER'S NAME<br><u>Samuel Tan</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Roxanne Patterson</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>200</u>   |  |
| 17. INFORMANT<br><u>Ed Butler</u>   |   | Address<br><u>Springfield 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>acute myocarditis</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour<br>Month, Day, Year<br>a.m.<br>p.m.   |   |   |  |
| 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  | COUNTY STATE   |
| 21. I attended the deceased from <u>Jan. 1959</u> to <u>Mar 24, 1960</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>Mar 24, 1960</u><br>Death occurred at <u>2 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree, or title)<br><u>Hugh B. Walker, MD</u>  |   | 22b. ADDRESS<br><u>Clinton, Mo</u>  | 22c. DATE SIGNED<br><u>24 Mar 60</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>3/26/60</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calhoun</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Calhoun Mo</u>   |
| 24. FUNERAL DIRECTOR<br><u>F.L. SCHABER</u>   |   | ADDRESS<br><u>Clinton Mo.</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>Mar. 26, 1960</u>   |
|   |   | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>   |  |

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

*F. L. Schaberg*

Licensed Embalmer No. 4513

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: