

Health, Welfare & Public Service

100-56

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 02 3231  
STATE FILE NUMBER

FILED JUL 5 1957

Registration District No. 376 Primary Registration District No. 4493 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Birch Tree</b>		c. CITY OR TOWN <b>Birch Tree</b> 1010	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>1010</b>	

3. NAME OF DECEASED (Type or print) <b>Missouri Francis Butler</b>			4. DATE OF DEATH <b>May 24-57</b>		
First <b>Missouri</b> Middle <b>Francis</b> Last <b>Butler</b>			Month <b>May</b> Day <b>24</b> Year <b>57</b>		

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 7-1868</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Falling Springs, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
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13. FATHER'S NAME <b>John H. Teague</b>	14. MOTHER'S MAIDEN NAME <b>Josephine Backman</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Henry Butler Blue Springs, Mo.</b>	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Proliferation</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio-sclerotic accident.</b>	
	DUE TO (c) <b>Hypertension &amp; Arterio-sclerosis</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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 <b>8:20</b> Month <b>5</b> Day <b>23</b> Year <b>57</b> a. m. 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 <b>Houston, Mo.</b>	COUNTY	STATE
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21. I attended the deceased from **4/16/57** to **5/23/57** and last saw her ~~him~~ alive on **5/23/57**  
Death occurred at **8:20 a** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Henry M. Matell D.O.</b>	22b. ADDRESS <b>Houston, Mo.</b>	22c. DATE SIGNED <b>6/18/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Forest</b>	23d. LOCATION (City, town, or county) (State) <b>Birch Tree, Mo.</b>
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24. FUNERAL DIRECTOR <b>Duncan Funeral Home Mtn View Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>July 7 1957</b>	26. REGISTRAR'S SIGNATURE <b>Moore Rose</b>
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(Licensed Embalmer's Statement on Reverse Side)

976

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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  .....

Licensed Embalmer No. 43

P. O. Address Mt. View

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