

FILED APR 9 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 8084

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 375

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY OR TOWN Stewartsville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Weeks		e. STREET ADDRESS (If rural, give location) 0 3221	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 West Hyde Park Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) Lewis	b. (Middle) Franklin	c. (Last) Butler	4. DATE OF DEATH (Month) (Day) (Year) 4 / 2 / 56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/9/1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk	10b. KIND OF BUSINESS OR INDUSTRY News-Press Plant	11. BIRTHPLACE (City and State or Foreign Country) Clarksdale Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Levi Butler	13b. MOTHER'S MAIDEN NAME Elizabeth Thornton	14. NAME OF HUSBAND OR WIFE Rittie Florence Butler
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Thomas L. Butler, 911 W. Hyde Pk. City	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Insufficiency</i>		INTERVAL BETWEEN ONSET AND DEATH 8 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 21, 1956, to April 2, 1956, that I last saw the deceased alive on April 2, 1956, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>E. J. Davis</i>	(Degree or title) Do	23b. ADDRESS Stewartsville, Mo.	23c. DATE SIGNED 4/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/6/56	24c. NAME OF CEMETERY OR CREMATORY Thornton	24d. LOCATION (City, town, or county) (State) Dekalb Co. Mo.
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DATE REC'D BY LOCAL REG. Apr 4, 1956	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. E. Dunmore</i>	ADDRESS Stewartsville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W.E. Sumner* .....

Licensed Embalmer No. 3007 .....

P. O. Address *Stewartville, Md.* .....

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.