

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **16617**

FILED MAY 22 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5376** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Grand River Twns</b> )	c. LENGTH OF STAY (In this place) <b>two</b>	c. CITY OR TOWN <b>Grand River Twns</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		STREET ADDRESS (If rural, give location) <b>0320 3 mi. N. Cameron</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Lee</b> c. (Last) <b>BUTLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 6 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Mar. 6, 1896</b>	9. AGE (In years last birthday) <b>61</b> <small>OF UNDER 1 YEAR Months Days</small> <small>OF UNDER 100 Hrs. Min.</small>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CRESENT IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Daniel E. Butler</b>	13b. MOTHER'S MAIDEN NAME <b>Bertha Hale</b>	14. NAME OF HUSBAND OR WIFE <b>Elsie Edna Butler</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>w.w.i. 491-42-0968</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elsie E. Butler Cameron Mo</b>
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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) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
	PRECEDENT 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	20. AUTOPSY? <b>2</b> 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) <b>4201</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1946**, to **May 6, 1957**, that I last saw the deceased alive on **May 1, 1957**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. E. Bloom, M.D.</b>	23b. ADDRESS <b>Cameron, Mo.</b>	23c. DATE SIGNED <b>5-8-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>May 9-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>DeLano Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>N. Cameron - Mo</b>
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DATE REC'D BY LOCAL REG. <b>5-18-57</b>	REGISTRAR'S SIGNATURE <b>Russell Warden</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>De Moss CRUNK Cameron Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0320

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MAY 22 1953

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 *Joe Messelbrink*

Licensed Embalmer No. *2533*

P.O. Address *Cameron*

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.