

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13050

State File No.

FILED MAY 12 1949

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5704 Registrar's No. 49

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Wheeling</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheeling</u> | |
| c. LENGTH OF STAY (In this place) <u>75 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | |

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|--|---------------------------|-------------------------|--------------------|----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Isaac</u> | b. (Middle) <u>Lester</u> | c. (Last) <u>Butler</u> | (Month) <u>May</u> | (Day) <u>3</u> | (Year) <u>1949</u> |

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|--------------------|-------------------------------|---|---|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>February 20, 1876</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | 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) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Livingston Co., Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|---------------------------------------|---|---|
| 13a. FATHER'S NAME <u>Amos Butler</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Marion Butler; Wheeling, Missouri</u> | 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | |
| | 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. | | 331X | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from July, 1943, to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

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|--|---------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>D. O. P. 2</u> | 23b. ADDRESS <u>Wheeling Mo</u> | 23c. DATE SIGNED <u>5-4-49</u> |
|--|---------------------------------|--------------------------------|

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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-5-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u> | 24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u> |
|---|-------------------------|--|---|

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|--|---|---|---------------|
| DATE REC'D BY LOCAL REG. <u>May-4-49</u> | REGISTRAR'S SIGNATURE <u>Francis B. Neill</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo.</u> | ADDRESS _____ |
|--|---|---|---------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

59
8

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Joseph Milton Gibson

Student Embalmer No. 305

working under my personal supervision.

Signed

Joseph M. Gibson
Student Embalmer

Signed

Edwin Rowman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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 this body is not embalmed, fact should be so stated above.