

FILED APR 19 1949

THE DIVISION OF HEALTH OF THE STATE OF NEVADA
STANDARD CERTIFICATE OF DEATH

14622
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3026 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moundville</u>	
c. LENGTH OF STAY (in this place) <u>not long</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Nevada City Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>S.</u> c. (Last) <u>Butler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-49</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 9th 1881</u>
9. AGE (In years last birthday) <u>67</u>		Months <u>7</u>	Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Graindealer</u>	11. BIRTHPLACE (State or foreign country) <u>Moundville, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lee Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Butler</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Pearl Butler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>spanish American No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Pearl Butler</u> ADDRESS <u>Moundville</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis heart disease</u> Morbidity 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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>_____</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) _____	
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? _____	
22. I hereby certify that I attended the deceased from <u>5-12</u> , 19 <u>47</u> , to <u>4-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>49</u> , and that death occurred at <u>11:55 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. B. Bickler Davis, M.D.</u>		23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>4-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-11-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 14-49</u>	REGISTRAR'S SIGNATURE <u>Katherine H. Yancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marsh Eichinger</u>	ADDRESS <u>Nevada, Mo.</u>

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

RECEIVED

District Health Officer No. 7,

District File Number 3-49-399

Date Filed 4-18-49

MAY 10 1949

APR 21 1949

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
Student Embalmer

Signed

Paul E. Eubank

Licensed Embalmer No. 2656

P. O. Address Frederick, 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 this body is not embalmed, fact should be so stated above.