

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32686

BIRTH NO. 62469-49 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>			c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>								
3. NAME OF DECEASED a. (First) <u>Fred</u>			b. (Middle) <u>Leonard</u>		c. (Last) <u>Butler Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sept 25, 1919</u>		9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 24 HRS. Hours <u>3</u> Mins. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Sikeston, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Butler</u>			13b. MOTHER'S MAIDEN NAME <u>Lola Adams</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Father, Fred Butler, Morehouse, Mo</u> ADDRESS				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause unknown</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</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.						<u>7956</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</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>9-25</u> , 19 <u>49</u> to <u>9-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-27</u> , 19 <u>49</u> , and that death occurred at <u>10:00 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. M. Jones M.D.</u> (Degree or title)				23b. ADDRESS <u>Morehouse Mo</u>		23c. DATE SIGNED <u>9-27-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>East Prairie Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Sept 26 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> #429			25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home - Sikeston Mo</u> ADDRESS			

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED OCT 3 194

District Health Office No. 1

District File Number 1049-9

Date Filed _____

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Liberton Mo

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.