

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1099

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Euchanan</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph, Mo.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>  |  |
| c. LENGTH OF STAY (in this place) <u>7 Days</u>   |  | d. STREET ADDRESS (If rural, give location) <u>None</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u>                               |  |   |  |

|                                     |                          |                       |                         |   |
|-------------------------------------|--------------------------|-----------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Willie</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Butler</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 9 1949</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>May 26, 1872</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|------------------------|------------------------|----------------------|

|   |   |   |  |
|---|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | 11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|---|---|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>Isaac Butler</u> | 13b. MOTHER'S MAIDEN NAME <u>Sallie Cunduff</u> | 14. NAME OF HUSBAND OR WIFE <u>Minnie</u> |
|--|---|---|

|  |                                     |   |                                    |
|--|-------------------------------------|---|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr E.F. Butler</u> | ADDRESS <u>306 1/2 So. 9th St.</u> |
|--|-------------------------------------|---|------------------------------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2-3 hours</u><br><u>7-8 months</u><br><u>157X</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma head of pancreas</u><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>  |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 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) |
|--|--|---|

|   |  |                           |
|---|--|---------------------------|
| 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 10-3, 1949, to 10-9, 1949, that I last saw the deceased alive on 10/9, 1949, and that death occurred at 1:50A m., from the causes and on the date stated above.

|  |                             |  |                                 |
|--|-----------------------------|--|---------------------------------|
| 23a. SIGNATURE <u>Lucien W. Ide M.D.</u> | (Degree or title) <u>D.</u> | 23b. ADDRESS <u>902 Edmond St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>10-9-49</u> |
|--|-----------------------------|--|---------------------------------|

|  |                            |   |  |
|--|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10/9/1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carrollton Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carrollton Missouri</u> |
|--|----------------------------|---|--|

|   |  |     |  |                              |
|---|--|-----|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>Oct. 10, 1949</u> | REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidenfader</u> | ADDRESS <u>1802 Union St</u> |
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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.

Signed

*Edmond Thomas*

Signed .....

Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.