

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38013

Register's No. 99

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		State File No. <u>38013</u>		Register's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: certificate before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>			c. LENGTH OF STAY (In this place) <u>39 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>South Grand Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Marion</u>		c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/27/1949</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>August 21, 1889</u>		9. AGE (In years last birthday) <u>60</u> if under 1 year: Months _____ Days _____ if under 6 mos. Weeks _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming &amp; Trucking</u>		11. BIRTHPLACE (State or foreign country) <u>Williamson County, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Butler</u>			13b. MOTHER'S MAIDEN NAME <u>Rinda Vancil</u>			14. NAME OF HUSBAND OR WIFE <u>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>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marshall Butler (Son) Charleston, Missouri</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>Cancer of Lung</u> Above caused internal hemorrhage while a bed. DECEASED WAS FOUND DEAD SEVERAL HOURS AFTER DEATH HAD ACTUALLY TAKEN PLACE. DECEASED HAD A PHYSICAL EXAMINATION some time ago but was not under doctors care at time of death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>16 1/2 X</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)		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) 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 <u>CAS CORONER ONLY</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joe R Nunnelee D.D.</u>				23b. ADDRESS <u>Charleston, Missouri</u>			23c. DATE SIGNED <u>11/28/49</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-30-49</u>		REGISTRAR'S SIGNATURE <u>Brody Kilgore 196</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo</u> <u>BY JOE R NUNNELEE</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 REC'D

RECEIVED

Miss. Co. Health Dep

County File No. \_\_\_\_\_

Date Filed DEC 1 1944

evoked secretary of  
insurances

(1001)

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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

*John F. Kummel*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3851

P. O. Address Charleston, W

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.