

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22408**

FILED JUL 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **319**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>All Her Life</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbons Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>850 North English</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) <b>Jewell</b> c. (Last) <b>Butcher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 13 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 15-1944</b>	9. AGE (In years last birthday) <b>6</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Marshall, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Melford L. Butcher</b>	13b. MOTHER'S MAIDEN NAME <b>Opal Bennett</b>	14. NAME OF HUSBAND OR WIFE <b>Child</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Opal Butcher-Marshall, Missouri</b>	ADDRESS <b>Marshall, Missouri</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>8:16 A.M.</b>  <b>26</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Killed by auto trouble</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>High St. in Marshall</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Marshall Saline Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 13 1950 5:40 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Ran over by automobile</b>
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22. I hereby certify that I attended the deceased from **June 13, 1950** and that death occurred at **5:40 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. L. Lawler, Coroner of Saline Co.</b>	23b. ADDRESS <b>Marshall Mo.</b>	23c. DATE SIGNED <b>6-15-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6/15/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Twin Church Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>6 mi. S.E. of Filton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 15-1950</b>	REGISTRAR'S SIGNATURE <b>Sidney F. Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie Sweeney</b>	ADDRESS <b>Marshall Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 18

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-5-50

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 \_\_\_\_\_ ✓

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed J. Leslie Sussury  
Licensed Embalmer No. 3235

P. O. Address Marshall

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.