

**DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23269**

No. 300
10-48
FILED JUL 24 1950

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **643**

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

1. PLACE OF DEATH a. COUNTY Greene b. CITY (If outside corporate limits, write RURAL and give town) Springfield c. LENGTH OF STAY (in this place) 35 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene c. CITY (If outside corporate limits, write RURAL and give township) Springfield d. STREET ADDRESS (If rural, give location) 216 Mt. Vernon	
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3. NAME OF DECEASED a. (First) HOMER b. (Middle) _____ c. (Last) BUTCHER			4. DATE OF DEATH (Month) (Day) (Year) July 17, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 1, 1901	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY L. Savage Co.		11. BIRTHPLACE (State or foreign country) Osceola, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William E. Butcher	13b. MOTHER'S MAIDEN NAME Mary Ellen Henry	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWTI	16. SOCIAL SECURITY NO. 491-03-6615	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clarence Hicks, Springfield, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Injury to chest DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH 35 min. 29020 21
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. James Mosque	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield 133 Greene Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-17-50 3:45 pm	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from scaffold while painting
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22. I hereby certify that I attended the deceased from 7-17, 1950, to 7-17, 1950, that I last saw the deceased alive on 7-17, 1950, and that death occurred at 4:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Johnnie J. Reid	23b. ADDRESS 710 Rander Bldg Springfield	23c. DATE SIGNED 7-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 19, 1950	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 7-18-50	REGISTRAR'S SIGNATURE W.E. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer, Springfield, Mo
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(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1950

AUG 5 1953

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

Walter E. Hamel

Licensed Embalmer No.

3808

P. O. Address

Springfield, 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.