V.S. No. 300
Rev. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 3 1950

State File No. 23807

BIRTH NO. _____ REG. DIST. NO. 106 PRIMARY REG. DIST. NO. 7001 Registrar's No. 336

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

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place): 4 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): JOPLIN GENERAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: NEOSHO
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARSONS - RURAL
d. STREET ADDRESS (If rural, give location): R.F.D. #1 8150

3. NAME OF DECEASED (Type or Print)
a. (First): LLOYD
b. (Middle): C
c. (Last): BUTLER

4. DATE OF DEATH (Month) (Day) (Year): JULY 25 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 8, 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): MICHIGAN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ANDEY C. BUTLER
13b. MOTHER'S MAIDEN NAME: MARY C. WISDOM
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: JAYNE MATTOX — ADDRESS: WASH. D.C.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Retro-peritoneal abscess — 4 weeks
DUE TO (c): — 576 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Thrombo-phebitis-pneumonia — 3 weeks

19a. DATE OF OPERATION: 7/3/50
19b. MAJOR FINDINGS OF OPERATION: Retro-peritoneal gas-partial obstruction slenic flexure
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/2/50, 19__, *to* 7/25/50, 19__, *that I last saw the deceased alive on* 7/25/50, 19__, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ronald R. Woods (Degree or title) DO
23b. ADDRESS: 521 W. 4th Joplin Mo.
23c. DATE SIGNED: 7/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JULY 27 1950
24c. NAME OF CEMETERY OR CREMATORY: PARSONS, KANS.
24d. LOCATION (City, town, or county) (State): PARSONS KAN

DATE REC'D BY LOCAL REG.: 7-27-50
REGISTRAR'S SIGNATURE: Ed D. James by Dolores Lampkins 138
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT GLOVER — ADDRESS: JOPLIN

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-2-50
Jasper County Health Office
County File Number 59-7-567
Date Filed 8-2-50

SEP 1 1950

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 Dale Glover

Signed .....
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.