

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41629

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 412 West Fourth	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) CHARLES	b. (Middle) WILLIAM	c. (Last) BUTLER	4. DATE OF DEATH (Month) (Day) (Year)
				12 31 50

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/2/72	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant - retired	10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel B. Butler	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Daisy Alexander Butler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. W. Butler	ADDRESS Maryville, 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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostate hypertrophy		
	DUE TO (c) Myocardia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222			

19a. DATE OF OPERATION Aug. 28, 1950	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug. 19, 1950**, to **Dec. 31, 1950**, that I last saw the deceased alive on **19**, and that death occurred at **2:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE B. D. Byland (Degree or title) M. D. C.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 1-3-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/4/51	24c. NAME OF CEMETERY OR CREMATORY Hopkins	24d. LOCATION (City, town, or county) (State) Hopkins, Missouri
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DATE REC'D BY LOCAL REG. 1-6-51	REGISTRAR'S SIGNATURE Bess Holt 229	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JAN 18 1951

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 Robert L. Souther.....

Licensed Embalmer No. 4782.....

P. O. Address Marquette 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.