

FILED JAN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 91

BIRTH NO. _____		REG. DIST. NO. 16		PRIMARY REG. DIST. NO. 5076		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL- RICHLAND TWSP.		c. LENGTH OF STAY (In this place) 6yr. 7m.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL- RICHLAND TWSP. 0000 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME				d. STREET ADDRESS (If rural, give location) JASPER R3.			
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH		b. (Middle) LOYD		c. (Last) BUTLER	
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 0		8. DATE OF BIRTH MAY 29 1944	
9. AGE (In years last birthday) 6		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		11. BIRTHPLACE (State or foreign country) JASPER, MISSOURI, R#3 0		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME ANDREW BUTLER		13b. MOTHER'S MAIDEN NAME MARIE BURTON		14. NAME OF HUSBAND OR WIFE XXX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXX		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANDREW BUTLER, JASPER, MO. R3			
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) <i>Lobar Pneumonia</i> 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.				INTERVAL BETWEEN ONSET AND DEATH 475X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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)		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 1-13, 1951, to 1-13, 1951, that I last saw the deceased alive on 1-13, 1951, and that death occurred at 9:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE <i>V. Darwin Magee D.O.B.</i>				23b. ADDRESS <i>Jasper, Mo.</i>		23c. DATE SIGNED <i>1-15-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL 11</i>		24b. DATE <i>JAN 17 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Barton County, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Jan 15 1951</i>		REGISTRAR'S SIGNATURE <i>Nazel H. Cough</i>		15 0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>KONANTZ FUNERAL HOME, LAMAR, MISSOURI</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 6 Springfield

RECEIVED JAN 23 1951

Dist. File 151-213

Date Filed 1-23-1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter J. Rouant

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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.