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

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24083**  
Registrar's No. **186**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **305**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Montgomery</b>	
b. CITY OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Litchfield</b>	
c. LENGTH OF STAY (in this place) <b>3 1/2 days</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wabash Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Melvin</b> b. (Middle) <b>LEE</b> c. (Last) <b>BUTTS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August-5-1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March-21-1923</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hour Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student + Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Litchfield Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Harry H. Butts</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret M. Mitchell</b>		14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Harry H. Butts</b> ADDRESS <b>Litchfield Ill</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute Edema of BRAIN</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Edema of BRAIN</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>LACERATION SPINAL CORD.</b>				<b>3 1/2 days</b>	
		DUE TO (c) <b>FRACTURE 5th CERVICAL Vert.</b>				<b>3 1/2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>0</b>							

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION <b>0</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <b>Diving accident, near Brownswood, Missouri</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>near Brownswood, Missouri</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Chariton Missouri</b>	
21d. TIME OF INJURY <b>Aug 2 1951 10A.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Dove into shallow water.</b>	

22. I hereby certify that I attended the deceased from **Aug 2**, 1951, to **Aug 5**, 1951, that I last saw the deceased alive on **Aug 5**, 1951, and that death occurred at **11:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Evory K. Baden M.D.</b>		23b. ADDRESS <b>WABASH HOSPITAL Moberly</b>		23c. DATE SIGNED <b>Aug 5 51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug-6-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Litchfield Illinois</b>	
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DATE REC'D BY LOCAL REG. <b>8-6-51</b>		REGISTRAR'S SIGNATURE <b>Earl Weir</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Snow Funeral Home</b> ADDRESS <b>Moberly Mo</b>	
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Date Received: AUG 13 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 8-57-1440  
Date Filed: AUG 14 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

*R. M. Cater*

Licensed Embalmer No. *4117*

P. O. Address *Woburn, MA*

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.