

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

State File No. **26555**

No. 300
10-48

FILED SEP 7 1951

BIRTH NO. _____ REG. DIST. NO. **115** PRIMARY REG. DIST. NO. **5433** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY FRANKLIN 0360		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) UNION Rural LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. CLAIR, Mo. 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 50 - West of Union, Mo.		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) **FREDRICK E. BUTLER**

a. (First) **FREDRICK E.** b. (Middle) **BUTLER** c. (Last) **BUTLER**

4. DATE OF DEATH (Month) (Day) (Year) **AUG 30 1951**

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG. 14 1931	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 16 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) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY AUTO SUPPLY	11. BIRTHPLACE (State or foreign country) MO 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME EVERETT BUTLER	13b. MOTHER'S MAIDEN NAME MARGARET HEMAN	14. NAME OF HUSBAND OR WIFE _____
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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 CLARENCE BUEL ADDRESS ST. CLAIR MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AUTO ACCIDENT, FRACTURED	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (b) SKULL AND RIGHT LEG LOST CONTROL ON CURVE 3/4 MILE EAST OF JEFFERISBURG ON Highway 50 No ONE ELSE INVOLVED		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 036-9234-32		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) SOFTSIDE HOMEIDE ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 50	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) UNION FRANKLIN MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUG 30 51 7 P.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? AUTO ACCIDENT

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **8-30-51**, 19____, and that death occurred at **7 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED 8/30/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-3-51	24c. NAME OF CEMETERY OR CREMATORY ST. CLAIR	24d. LOCATION (City, town, or county) (State) ST. CLAIR MO
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DATE REC'D BY LOCAL REG. Sept. 2 1951	REGISTRAR'S SIGNATURE J.P. Cooper	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS St. Clair, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE No. 4

SEP 4 - 1951

RECEIVED

DEC 33
File No.

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 *H. M. Lewis*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, 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.