

FILED APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13601

BIRTH NO. _____ REG. DIST. NO. 2012 PRIMARY REG. DIST. NO. 5780 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Franklin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u> <u>3028</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile E. Etterville</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond Butterfield</u> b. (Middle) <u>Abbett</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4, 1926</u>
9. AGE (In years last birthday) <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee of General Electric</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Helen Abbett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War II</u>		16. SOCIAL SECURITY NO. <u>1499-24-6831</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Abbett</u> ADDRESS <u>Tuscumbia Mo.</u>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ELECTROCUTION</u> ANTECEDENT CAUSES <u>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> E9145 8	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>066</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 54</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>MILLER MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 12, 1952 4:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>WALKED INTO ELECTRIC WIRE</u>	
22. I hereby certify that I attended the deceased from <u>April 12, 1952</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter P. Hedged Coroner</u>		23b. ADDRESS <u>Tberna, Mo.</u>	23c. DATE SIGNED <u>4/14/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 15 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tuscumbia</u>	24d. LOCATION (City, town, or county) (State) <u>Tuscumbia Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 15, 1952</u>	REGISTRAR'S SIGNATURE <u>Edw. Warratta</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis N. Phillips</u> ADDRESS <u>Carroll</u>	

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

0660

RECEIVED

APR 24 1952

MILLER COUNTY HEALTH
DEPARTMENT

APR 29 1952

APR 30 1952

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 Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Edwards

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.