

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34545 Registrar's No. 118

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) PRAXIE HOME MO	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) 0271	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL			

3. NAME OF DECEASED a. (First) HERMAN b. (Middle) OSCAR c. (Last) BUTCHER			4. DATE OF DEATH (Month) (Day) (Year) Oct. 28-1952		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 31-1902	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIPELINE WORK	10b. KIND OF BUSINESS OR INDUSTRY PIPELINE INDUSTRY	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME RUSSIAN BUTCHER	13b. MOTHER'S MAIDEN NAME MARY E MARTIN	14. NAME OF HUSBAND OR WIFE ELSIE BUTCHER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 496-18-5191	17. INFORMANT'S SIGNATURE OR NAME Bonnie Butcher, Boonville	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemerular Nephritis		INTERVAL BETWEEN ONSET AND DEATH 28 days
	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. 590X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 1, 1952**, to **Oct 28, 1952**, that I last saw the deceased alive on **Oct 28, 1952**, and that death occurred at **6:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. L. Duckert, M.D. (Degree or title)	23b. ADDRESS Boonville, MO	23c. DATE SIGNED 10/28/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-31-1952	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM	24d. LOCATION (City, town, or county) (State) BOONVILLE MO
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DATE REC'D BY LOCAL REG. 10-29-52	REGISTRAR'S SIGNATURE D. G. Hooper	25. FUNERAL DIRECTOR'S SIGNATURE C. ALBERT HORNECK	ADDRESS PRAXIE HOME
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4-11-52

MO

NOV 28 1952

DEC 21 1952

6:16 PM '52

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 E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prarie Home 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.