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FILED JAN 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42542

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 517

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>RURAL, Blue</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Independence 3485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hiway 40 & Norfolk Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>EM-Trailer-Court-Hiway 24 & College</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DON</u> b. (Middle) <u>Lee</u> c. (Last) <u>BUTLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 21, 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>August 8, 1929</u>	9. AGE (In years last birthday) <u>23</u> if UNDER 1 year Months <u>4</u> Days <u>13</u> if UNDER 1 Mos. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boiler Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Light Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lester D. Butler</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Pearson</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes KOREAN</u>	16. SOCIAL SECURITY NO. <u>493-32-0918</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester D. Butler</u>	ADDRESS <u>Oak Grove, Mo</u>
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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) <u>fractured skull crushed</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chest, fractured leg</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson MO MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12.21.52</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck a bridge one car</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lugh H. Parris</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>1034 Riata Bldg</u>	23c. DATE SIGNED <u>12-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-23-52</u>	REGISTRAR'S SIGNATURE <u>James A. Baize</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ROLAND R. SPEAKS</u>	ADDRESS <u>Indep, Mo</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

FEB 18 1953

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 *Roland R. Speake*

Licensed Embalmer No. *3604*

P. O. Address *Jeff 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.