

STANDARD CERTIFICATE OF DEATH

1711

State File No. _____

FILED JAN 29 1953

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|---|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>46</u> | | PRIMARY REG. DIST. NO. <u>3026</u> | | Registrar's No. <u>26</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and during) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY OR TOWN <u>Independence</u> | | c. LENGTH OF STAY (in this place) <u>6 hrs</u> | | c. CITY OR TOWN <u>Independence 7625</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. SANITARIUM</u> | | | | d. STREET ADDRESS (If rural, give location) <u>110 E. College</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Archibald</u> | | a. (First) | | b. (Middle) | | c. (Last) <u>Butler</u> | |
| 4. DATE OF DEATH <u>JAN. 21/1953</u> | | (Month) | | (Day) | | (Year) | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>Nov. 11, 1884</u> | |
| 9. AGE (in years last birthday) <u>68</u> | | if UNDER 1 YEAR Months <u>3</u> Days <u>10</u> | | if UNDER 1 YEAR Hours <u></u> Mins. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steward</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Steam Ship Line</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Robinhood, Newfoundland</u> | | 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>Edith H. Butler</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>275-14-3504</u> | | 17. INFORMANT'S SIGNATURE OR NAME: <u>MRS. LEW BAKER - Ft. Lauderdale, Fla</u> | | ADDRESS | |
| 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>Apoplexy.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis.</u> DUE TO (c) <u>Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> | |
| 19a. DATE OF OPERATION <u>—</u> | | 19b. MAJOR FINDINGS OF OPERATION. <u>—</u> | | | | 20. AUTOPSY? YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u> <u>—</u> <u>—</u> | | 20. AUTOPSY? YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>593X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 22, 1951</u> to <u>Jan 19, 1952</u> , that I last saw the deceased alive on <u>Jan 19, 1953</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. Lewis</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>2205 W. Lexington Independence Mo.</u> | | 23c. DATE SIGNED <u>Jan 21/53</u> | |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>JAN 24/1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MORRIS GROVE</u> | | 24d. LOCATION (City, town, or county) (State) <u>Independence, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-24-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Indep Mo</u> | |

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

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 Wayne N. Holloman

Licensed Embalmer No. 4627

P. O. Address Indep. 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.