

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17381**

FILED JUN 9 1953

BIRTH NO. _____		REG. DIST. NO. <b>70</b>		PRIMARY REG. DIST. NO. <b>4724</b>		Registrar's No. <b>41</b>	
1. PLACE OF DEATH a. COUNTY <b>Clark</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clark</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kahoka</b>		c. LENGTH OF STAY (in this place) <b>0230</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kahoka</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Daisy</b>		b. (Middle) <b>I della</b>		c. (Last) <b>Butler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 23 1953</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug 19, 1880</b>	
9. AGE (In years last birthday) <b>72</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. a.</b>		13a. FATHER'S NAME <b>John L. Fairchild</b>		13b. MOTHER'S MAIDEN NAME <b>Pruezilla Jane Thomas</b>		14. NAME OF HUSBAND OR WIFE <b>W<sup>m</sup> Edwin Butler</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Letitia Day Ft. Madison, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Coronary disease</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <b>4201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) - (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 1, 1953</b> , to <b>May 23, 1953</b> that I last saw the deceased alive on <b>May 23, 1953</b> , and that death occurred at <b>4:30 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Perry S. Barton D.O.</b>				23b. ADDRESS <b>Kahoka, Mo.</b>		23c. DATE SIGNED <b>5-24-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 25, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kahoka Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Kahoka Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5/25-53</b>		REGISTRAR'S SIGNATURE <b>Al Brisson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Seelinger, Fred, Kahoka</b>			

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

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**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 Chas. L. Lutterick

Licensed Embalmer No. 2965

P. O. Address Levay

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.