

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22353

State File No.

FILED JUN 30 1953

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Demassot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Demassot</u>	
b. CITY OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u>	
c. LENGTH OF STAY (in this place) <u>13 yrs</u>		d. STREET ADDRESS <u>941 Jefferson Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. (If rural, give location) <u>THIRWAY</u>	

3. NAME OF DECEASED (Type or Print) <u>CHARLES S BUTLER</u>			4. DATE OF DEATH <u>June-23-1953</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>April-21-1880</u>		9. AGE (In years, last birthday) <u>73</u>		10. IF UNDER 1 YEAR: Months <u>2</u> Days <u>2</u> IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Melan Tenn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Philip H. Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lucille Butler</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>None</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Lucille D. Butler</u>		17. ADDRESS <u>Caruthersville</u>		18. CAUSE OF DEATH	

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) - <u>Chronic heart failure</u>		x <u>myocardial infarction</u>		<u>2 weeks</u>	
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.		<u>Gangrene Rt foot</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Mar 14, 1953</u> , to <u>June 23, 1953</u> that I last saw the deceased alive on <u>June 23, 1953</u> , and that death occurred at <u>5:08 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>D. H. Cairns</u> (Degree or title)		23b. ADDRESS <u>Caruthersville</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>	
24d. LOCATION (City, town, or county) <u>Melan Tenn</u>		24e. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jessie B. Wilcox</u>		24f. REGISTRAR'S SIGNATURE <u>Jessie B. Wilcox</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lafayette Ind. Co.</u>		25a. ADDRESS <u>Caruthersville</u>		25b. (Licensed Embalmer's Statement on Reverse Side)	

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

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-24-53

24c. NAME OF CEMETERY OR CREMATORY Chapel Hill

24d. LOCATION (City, town, or county) Melan Tenn

24e. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 25, 1953

24f. REGISTRAR'S SIGNATURE Jessie B. Wilcox

25. FUNERAL DIRECTOR'S SIGNATURE Lafayette Ind. Co.

25a. ADDRESS Caruthersville

25b. (Licensed Embalmer's Statement on Reverse Side)

6-213-53

PEANSCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 27 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 Noel C. Deane

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.