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

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32656

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humansville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dimmitt Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stockton
d. STREET ADDRESS (If rural, give location): West St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Peter
c. (Last): Butler

4. DATE OF DEATH (Month) (Day) (Year): Sept. 20, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 9
8. DATE OF BIRTH: Feb. 10, 1873
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 7, Days 10, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Livestock Farm
11. BIRTHPLACE (State or foreign country): Cedar County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: William Butler
13b. MOTHER'S MAIDEN NAME: Clarissa Purkerson
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Denny Chapman - Stockton, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage with left hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic hypertensive cardio-vascular — yrs.

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: 443X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1.20.53, 19___, *to* 9.18., 1953, *that I last saw the deceased alive on* 9.18., 1953, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. R. Ritter, M.D.
23b. ADDRESS: Stockton, Mo.
23c. DATE SIGNED: 9.23.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-23-1953
24c. NAME OF CEMETERY OR CREMATORY: Lindley Prairie
24d. LOCATION (City, town, or county) (State): Cedar County, Mo.

DATE REC'D BY LOCAL REG.: 10/3/53
REGISTRAR'S SIGNATURE: Ralph Gordon 258
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Cantlon Funeral Home - Stockton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.