No. 300
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FILED NOV 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36414

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 89

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS 0560
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTOWN 0
d. STREET ADDRESS (If rural, give location): XXXXXXXXXXXXXXXXXX

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): FRANKLIN
c. (Last): BUTLER

4. DATE OF DEATH (Month) (Day) (Year): OCT. 24, 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: AUG. 13, 1871
9. AGE (In years last birthday): 82 — If under 1 year: Months 2, Days 11 — If under 1 day: 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: FARMING
11. BIRTHPLACE (City and State or Foreign Country): CLARK COUNTY, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM BUTLER
13b. MOTHER'S MAIDEN NAME: MARY DUFRIEND
14. NAME OF HUSBAND OR WIFE: ELIZABETH BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): XXXXXXXXXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ELIZABETH BUTLER — **ADDRESS**: LEWISTOWN, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Medullary Failure — 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) Vascular Accident Arterio Sclerosis — ~~Yrs.~~
DUE TO (c) Hypertension + Arteriosclerosis — Yrs.

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: 447X
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* Aug, 1952, *to* Oct, 1953, *that I last saw the deceased alive on* D.O.A., 1953, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W Willis (Degree or title) D.O.2
23b. ADDRESS: Lewistown, Mo.
23c. DATE SIGNED: 24 Oct 53.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10/26/53
24c. NAME OF CEMETERY OR CREMATORY: BLUFF SPRINGS
24d. LOCATION (City, town, or county) (State): North of CANTON, MO.

DATE REC'D BY LOCAL REG.: 10-31-53
REGISTRAR'S SIGNATURE: 161-0 P.W. Jennings M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Arnold — **ADDRESS**: Lewistown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles L. Arnold Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.