

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37968

FILED OCT 19 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 195

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Rural</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State School</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glasgow</u>	
		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Everett</u>	b. (Middle) <u>William</u>	c. (Last) <u>Butler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 1953</u>
-------------------------------------	---------------------------	----------------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-9-33</u>	9. AGE (in years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u>	IF UNDER 24 Hrs. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	--------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Glasgow, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Everett Butler</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy May Dibble</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State School Records, Marshall, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days plus</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hirschsprung's Disease (Megacolon)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Origin</u> 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 <u>7562</u>	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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 13, 1953, to Oct. 13, 1953, that I last saw the deceased alive on Oct. 13, 1953, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Johnson</u> (Degree or title)	23b. ADDRESS <u>Mo. State School, Marshall, Mo.</u>	23c. DATE SIGNED <u>Oct. 13, 1953</u>
---	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glasgow</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Oct. 13, 1953</u>	REGISTRAR'S SIGNATURE <u>Richard T Gray</u> <u>385</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Deen</u> ADDRESS <u>Marshall, Mo</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

0970
2

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  _____

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.