V.S. No. 300
Rev. 10.48

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41946

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 69

1141
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1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. GROVE
c. LENGTH OF STAY (in this place): 76 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 224 ELM STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: WRIGHT
c. CITY OR TOWN: MTN. GROVE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 1141
e. STREET ADDRESS (If rural, give location): 224 ELM STREET

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): PRIOR
c. (Last): BUTCHER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 1 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: April 7 1877
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: 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: SAME
11. BIRTHPLACE (City and State or Foreign Country): WRIGHT COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DAVID BUTCHER
13b. MOTHER'S MAIDEN NAME: WILLIAM ANN FLETCHER
14. NAME OF HUSBAND OR WIFE: LAURA BELL FINLEY

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: Laura Bell Butcher
ADDRESS: Mtn. Grove 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 5 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: 331 X
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* 10-5 *19*47, *to* 12-1, *19*53, *that I last saw the deceased alive on* 12-1, *19*53 *and that death occurred at* 11 45 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Craig D.O. (Degree or title)
23b. ADDRESS: Mountain Grove Mo
23d. DATE SIGNED: 12-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/6/53
24c. NAME OF CEMETERY OR CREMATORY: LONE STAR
24d. LOCATION (City, town, or county) (State): MTN. GROVE MO

DATE REC'D BY LOCAL REG.: 12-5-53
REGISTRAR'S SIGNATURE: A. C. Ames 348-0
25. FUNERAL DIRECTOR'S SIGNATURE: Rev Porter
ADDRESS: Mtn. Grove

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 8 1953
WRIGHT CO. HEALTH DEPT.
County File Number 1253-152
Date Filed 12-12-53

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.....
Signature of Student Embalmer

Signed R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mtn. Home

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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