

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22409

State File No.

BIRTH NO.		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>5241</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Madison Twp.		c. LENGTH OF STAY (In this place) 18 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Madison Twp.		0200	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 Miles E. of Stockton				d. STREET ADDRESS (If rural, give location) 9 Miles E. of Stockton			
3. NAME OF DECEASED (Type or Print) DAVID		a. (First) b. (Middle) c. (Last) MATTISON BUTLER		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 6, 1870	
9. AGE (In years last birthday) 84		10. AGE (In years last birthday) 2		11. AGE (In years last birthday) 23		12. AGE (In years last birthday) Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Dealer		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) Cedar County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME John Butler		13b. MOTHER'S MAIDEN NAME Cassie Ferguson		14. NAME OF HUSBAND OR WIFE Janie Butler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Janie Butler - Bear Creek, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Esophagus</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>Chronic Myocarditis & Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		150X		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) (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 Jan 27, 1951, to June 29, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Saunders</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Fax Play, Mo.</u>		23c. DATE SIGNED <u>7/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-1-1954		24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery		24d. LOCATION (City, town, or county) (State) Stockton, Mo.	
DATE REC'D BY LOCAL REG. 7-20-54		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Carlton Funder Home</u>		ADDRESS Stockton, 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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.