No. 300
10-48

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26518

BIRTH NO. ____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 209

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

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carrollton
c. LENGTH OF STAY (In this place) 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 304 So. Folger

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Carroll
c. CITY OR TOWN Carrollton
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 304 So. Folger

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) M. c. (Last) BUTLER

4. DATE OF DEATH (Month) Aug. (Day) 30, (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 20, 1869
9. AGE (In years last birthday) 85 — 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) Retired Baker
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel H. Butler
13b. MOTHER'S MAIDEN NAME Lavina Jane Sims
14. NAME OF HUSBAND OR WIFE Ira Rader 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 Mrs. A. M. Butler ADDRESS Carrollton 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) Infirmities

ANTECEDENT CAUSES

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

DUE TO (b) Old Age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 794 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 Jan. 1, 1954, *to* Aug. 30, 1954, *that I last saw the deceased alive on* Aug 28, 1954 *and that death occurred at* 6.50 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R. Hamilton Staten M.D.
23b. ADDRESS Carrollton Mo
23c. DATE SIGNED Aug. 31/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-1-54
24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.
24d. LOCATION (City, town, or county) Carrollton Mo. (State)

DATE REC'D BY LOCAL REG. 9/1/54
REGISTRAR'S SIGNATURE Mr. Herbert Calvert 45-0
25. FUNERAL DIRECTOR'S SIGNATURE Standley & Gibson ADDRESS Carrollton Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Ben W. Gibson

Licensed Embalmer No. 296

P. O. Address Danville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.