

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **267779**

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5450 Registrar's No. 78

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| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miller</u> | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Miller</u> <u>2380</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>South of Albany, Mo.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>William</u> | b. (Middle) <u>Madison</u> | c. (Last) <u>Butler</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>Aug. 7, 1954</u> |

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 2, 1861</u> | 9. AGE (In years last birthday) <u>92</u> | 10. MONTH <u>8</u> | 11. DAY <u>5</u> | 12. IF UNDER 1 YEAR Hours <u>5</u> Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>Madison Butler</u> | 13b. MOTHER'S MAIDEN NAME <u>Eliza Brown</u> | 14. NAME OF HUSBAND OR WIFE <u>Oma May Lockhart</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>William Butler</u> | ADDRESS <u>Albany, Mo.</u> |
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| 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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) <u>Albany, Gentry, Mo.</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 8-5-1954, to 8-7-1954, that I last saw the deceased alive on 8-7-1954, and that death occurred at 1:43 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u> | 23b. ADDRESS <u>Albany, Mo.</u> | 23c. DATE SIGNED <u>8-8-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8-9-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Zion</u> | 24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Aug 9-54</u> | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Brooks</u> | ADDRESS <u>Albany Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 JUL 9 707

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Brock

Licensed Embalmer No.

3329

P. O. Address

Albany 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.