

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29681**
 BIRTH NO. **---** REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **6285** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Mtn. Grove twm.		c. CITY OR TOWN Mtn. Grove,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 yrs.		e. STREET ADDRESS (If rural, give location) West 9 th. St. 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Diltz Rest Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) John	b. (Middle) Burton	c. (Last) Butcher	August 4, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 9, 1856	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Laurel Co., Ky. /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Levi Butcher		13b. MOTHER'S MAIDEN NAME Eleanor Walters		14. NAME OF HUSBAND OR WIFE Hester A. (Vaughan) Butcher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME W.H. Butcher ADDRESS Mtn. Grove, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 June 21, 1954 , to Aug. 3, 1954 , that I last saw the deceased alive on Aug. 3, 1954 , and that death occurred at 12 P. m. , from the causes and on the date stated above.					

23a. SIGNATURE W.H. Butcher (Degree or title) M.D.		23b. ADDRESS Mtn. Grove Mo.		23c. DATE SIGNED 8-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 6, 54		24c. NAME OF CEMETERY OR CREMATORY Pleasant Mound Cemetery	
24d. LOCATION (City, town, or county) (State) Richville, Mo.		DATE REC'D BY LOCAL REG. 8-6-54		REGISTERAR'S SIGNATURE A.G. Ames	
25. FUNERAL DIRECTOR'S SIGNATURE Russell Barber		ADDRESS Mtn. Grove, Mo.		REG. NO. 348-0	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 8-16-54

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 Russell W Barber

Licensed Embalmer No. 384

P. O. Address Wm Gro

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.