

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1954

State File No. 30217

BIRTH NO. _____		REG. DIST. NO. 103		PRIMARY REG. DIST. NO. 3417		Registrar's No. 10		
1. PLACE OF DEATH a. COUNTY DUKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN REBEVES Rural; Clay Twp		c. LENGTH OF STAY (In this place) 15 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN REBEVES Rural; Clay Twp.		d. STREET ADDRESS (If rural, give location) REBEVES, MO. Near Rives, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION RIVES, MO. Rives, Mo.				d. STREET ADDRESS (If rural, give location) REBEVES, MO. Near Rives, Mo.				
3. NAME OF DECEASED (Type or Print) BEBE BUTLER			4. DATE OF DEATH (Month) (Day) (Year) 8-29-54					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 4-9-1894		
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days		IF UNDER 100 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) ALABAMA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOE BUTLER			13b. MOTHER'S MAIDEN NAME FANNIE KELLY			14. NAME OF HUSBAND OR WIFE JUNITA BUTLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JIM BUTLER MALDEN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Coma ANTECEDENT CAUSES Diabetis Mellitus 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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11: P m., from the causes and on the date stated above.								
23a. SIGNATURE Quinton Farver, Coroner, Dunklin County (Degree or title)				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 9/2/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-1-54		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) MALDEN, MO.		
DATE REC'D BY LOCAL REG. 9/20/54		REGISTRAR'S SIGNATURE Bertha Kinschling		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Day Funeral Home, Malden, Mo.				

RECEIVED DUNELIN COUNTY HEALTH

DEPARTMENT 10-5-57/

COUNTY FILE NUMBER 1057-257

JAN 17 1963

OCT 7 1961

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. S. Johnson

Licensed Embalmer No. 4086

P. O. Address Malden

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.

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