

36473

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 14 1954

 BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Bates.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Bates.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler Missouri.</u>		c. LENGTH OF STAY (In this place) <u>2 WKS.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, East Boone Twp.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>PERRY</u> c. (Last) <u>BUTLER.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1954.</u>	
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>July, 30, 1871.</u>
9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 1 MIN. Hours <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas E. Butler.</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Coleman.</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Taylor Butler. <i>Ma</i></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>None.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Butler, Adrian, Mo.</u>	
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) <u>Cornary Sclerosis</u> ANTECEDENT CAUSES <u>fracture hip</u> DUE TO (b) <u>fracture hip</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9049 45</u>	
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) <u>11-26-1954 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>	
22. I hereby certify that I attended the deceased from <u>Nov-26</u> 19 <u>54</u> , to <u>Dec. 2,</u> 19 <u>54</u> , that I last saw the deceased alive on <u>Dec. 2,</u> 19 <u>54</u> , and that death occurred at <u>5:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Robinson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Adrian, Missouri.</u>	23c. DATE SIGNED <u>12/3/54.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/3/54.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Drexel, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>12/7/54.</u>	REGISTRAR'S SIGNATURE <u>Russell Kury 170</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drexel, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

