

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38409**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Richmond	c. LENGTH OF STAY (In this place) 18 months	c. CITY OR TOWN Richmond	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Ray County Home		e. STREET ADDRESS (If rural, give location) 2 miles South of Richmond	

3. NAME OF DECEASED a. (First) Stephen (Type or Print)	b. (Middle) (N)	c. (Last) Butler	4. DATE OF DEATH (Month) (Day) (Year) November 12, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 11, 1971	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner	10b. KIND OF BUSINESS OR INDUSTRY Coal mining	11. BIRTHPLACE (City and State or Foreign Country) England	12. CITIZEN OF WHAT COUNTRY? U.S.C.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bertha Mae Butler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 40	17. INFORMANT'S SIGNATURE OR NAME James Butler, Mt Vernon, Missouri	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Dilatation		INTERVAL BETWEEN ONSET AND DEATH Inst
	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 1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Suicide)	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 **Nov 5**, 1954, to **Nov 12**, 1954, that I last saw the deceased alive on **Nov 12**, 1954, and that death occurred at **2:30 a. m.** from the above and on the date stated above.

23a. SIGNATURE E. Jay [Signature] (Degree or title) _____	23b. ADDRESS Richmond	23c. DATE SIGNED 11-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial - Richmond	24b. DATE Nov 13, 1954	24c. NAME OF CEMETERY OR CREMATOR Maple Grove	24d. LOCATION (City, town, or county) (State) Mt. Vernon, Missouri
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DATE REC'D BY LOCAL REG. Nov 12, 1954	REGISTRAR'S SIGNATURE Wm. H. Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Jackson	ADDRESS 2408 1/2 N. Grand St. Richmond, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

10-15-54
10.48

DEC 28 1954

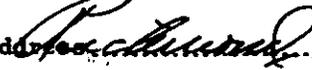
STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 406

P. O. Address 

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.