

FILED APR 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8593

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jasper	
d. FULL NAME OF HOSPITAL OR INSTITUTION no street address			d. STREET ADDRESS (If rural, give location) no street address		

3. NAME OF DECEASED (Type or Print) James Milo Butler			4. DATE OF DEATH March 10, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH April 8, 1951		9. AGE (In years last birthday) 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jasper, Missouri	
			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Mark Butler		13b. MOTHER'S MAIDEN NAME Dorothea Hites		14. NAME OF HUSBAND OR WIFE	
--------------------------------	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mark Butler, Jasper, 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, asthma, 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) MESAENTERIC THROMBOSIS WITH ANTECEDENT CAUSES			DUE TO (b) GANGRENE OF PRACTICALLY ALL THE ILEUM (SMALL BOWEL)			LESS THAN 24 HOURS
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 AUTO PSY NO EVIDENCE OF HEART DISEASE		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY		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 2:10 PM, ATTEND, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>W. H. Clinton</u> (Degree or title) 3		23b. ADDRESS <u>Waters Cemetery, Barton County, Mo.</u>		23c. DATE SIGNED <u>5/12/55</u>	
---	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE 3-12-1955	24c. NAME OF CEMETERY OR CREMATORY Waters Cemetery	24d. LOCATION (City, town, or county) Barton County, Mo. (State)		
--	---------------------	--	--	--	--

DATE REC'D BY LOCAL REG. 3-25-55	REGISTRAR'S SIGNATURE <u>W. H. Clinton</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. H. Selvey</u>		ADDRESS <u>Sharp & Selvey, Jasper, Mo.</u>
----------------------------------	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

490

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
Student Embalmer

Signed Laurie L. Sharp

Licensed Embalmer No. 4922

P. O. Address Jasper, 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.