

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

14287

FILED APR 21 1955

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 720

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Rolla</u>	
b. CITY OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>305 W. Ninth St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>JOE BEATY Butler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 27 55</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-11-95</u>		9. AGE (in years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PROFESSOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MO. SCHOOL OF MINES</u>		11. BIRTHPLACE (State or foreign country) <u>Omega, Okla.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						

13a. FATHER'S NAME <u>George H. Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie May Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie E. Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW # 1</u>		16. SOCIAL SECURITY NO. <u>492-36-9321</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.B. Butler</u> ADDRESS <u>305 W. 9th, Rolla, Mo.</u>	

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) <u>Acute Cardiac Tamponade</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Rupture Ventricular Aneurysm</u>			
		DUE TO (c) <u>Myocardial Infarction</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Failure</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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3-13, 1955, to 3-27, 1955, that I last saw the deceased alive on 3-27, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Shelby D.O.</u>		23b. ADDRESS <u>1917 N. Hardy Street, No. 14, Mo.</u>		23c. DATE SIGNED <u>3-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla, Missouri</u>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <u>3/29/55</u>		REGISTRAR'S SIGNATURE <u>Robert R. Tomkey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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

APR 31 1953

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.....

John J. Harris

Licensed Embalmer No. *4108*

P. O. Address *Harris 140*

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.