

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25598

State File No.

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and specify township) <u>rural MADISON</u>		c. CITY OR TOWN <u>Kahoka</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunn Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0730</u>	

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>David</u> c. (Last) <u>Butler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>July 31-1874</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Easton, Mo.</u>		9. AGE (In years last birthday) <u>81</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>David S. Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Martha A. Wright</u>		14. NAME OF HUSBAND OR WIFE <u>Ernestine Butler</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Ernestine Butler</u> ADDRESS <u>Kahoka</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331X</u>			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-12- 1955, to 8-14- 1955, that I last saw the deceased alive on 8-14- 1955, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Channing</u> (Degree or title)		23b. ADDRESS <u>Kahoka, Mo.</u>		23c. DATE SIGNED <u>8-16-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 16-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ballard Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Clark Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-22-55</u>		REGISTRAR'S SIGNATURE <u>A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oliver L. Guttung</u> ADDRESS <u>Kahoka Mo.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

FEB 26 1958

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 *Otis L. Lutting*.....

Licensed Embalmer No. *296*.....

P. O. Address *L. M. A.*.....

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.