

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28705

State File No. \_\_\_\_\_

FILED SEP 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6168</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY OR TOWN <u>Coal "Lincoln"</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Coal "Lincoln"</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 2 Crane, Mo</u>	
3. NAME OF DECEASED a. (First) <u>J.</u> b. (Middle) <u>R.</u> c. (Last) <u>Butcher</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 28 - 1893</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>		IF UNDER 24 HRS. Hour <u></u> Min. <u></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		11. BIRTHPLACE (City and State or Foreign Country) <u>Kanran</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Adam Butcher</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lorde</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Butcher</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alan Butcher Crane</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (primary) right lung</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 15, 1955</u> , to <u>July 15, 1955</u> , that I last saw the deceased alive on <u>July 15, 1955</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dred B. Kammack M.D.</u>				23b. ADDRESS <u>Crane, Mo.</u>		23c. DATE SIGNED <u>Sept 1, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/1/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stout</u>		24d. LOCATION (City, town, or county) (State) <u>Stone Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 1-55</u>		REGISTRAR'S SIGNATURE <u>Wm G. Elmer Crossen</u>		317-52 FUNERAL DIRECTOR'S SIGNATURE <u>Sam H. Mearns</u>		ADDRESS <u>Crane Mo</u>	

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

Pu Lena Murray (Licensed Embalmer's Statement on Reverse Side)

01-19-10

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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,       

Student Embalmer No.       

working under my personal supervision.

Student         
Student Embalmer

Signed George H. Mander

Licensed Embalmer No. 3827

P. O. Address Cram

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.