

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

New Mo. 29391
State File No. 66

BIRTH NO. _____		REG. DIST. NO. <u>109</u>		PRIMARY REG. DIST. NO. <u>4180</u>		Registrar's No. <u>66</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If different, indicate institution.)				
a. COUNTY <u>Dunklin</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>		
c. LENGTH OF STAY (in this place) <u>8 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parma</u>		d. STREET ADDRESS (If rural, give location) _____		2720		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A.B. Rest Home</u>								
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <u>Joe</u>	b. (Middle) _____	c. (Last) <u>Butler</u>	Sept	8	1955			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1869-1-15</u>	9. AGE (In years last birthday) <u>86-7-24</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Harrisburg Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Finis Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</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 <u>Charley Butler</u>					ADDRESS <u>Parma Mo</u>
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concav of intestine</u>					<u>10 mo</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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>153X</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) 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 <u>Aug 1</u> , 19 <u>55</u> , to <u>Sept 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Sept 7</u> , 19 <u>55</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>D. C. Caldwell D.O.</u>				23b. ADDRESS <u>Malden Mo</u>		23c. DATE SIGNED <u>Sept 8 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-10-55</u>	REGISTRAR'S SIGNATURE <u>Mrs Deulah Campbell</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C Knight</u>			ADDRESS <u>Malden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY
DEPARTMENT 9
COUNTY FILE NUMBER 9

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 *Thomas G. Knight*

Licensed Embalmer No. *2189*

P. O. Address *Malden, Mass.*

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.