

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1154

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clinton</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>	c. CITY OR TOWN <b>Blairstown</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>			STREET ADDRESS (If rural, give location) <b>none</b>		
3. NAME OF DECEASED (Type or Print)	a. (First) <b>Clinton</b>	b. (Middle) <b>Elmer</b>	c. (Last) <b>Butcher</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 24, 1875</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Norris, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alexander Marion Butcher</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Wamb</b>		14. NAME OF HUSBAND OR WIFE <b>Edith Bertha McQuitty</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank M. Butcher</b> ADDRESS <b>Blairstown Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6-7 days</b>	
	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. <b>4201</b>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>none</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>			
22. I hereby certify that I attended the deceased from <b>Dec. 31, 1955</b> , to <b>Jan. 6, 1956</b> , that I last saw the deceased alive on <b>Jan 6, 1956</b> , and that death occurred at <b>2:05 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>W.D. Bradshaw, M.D.</b>		23b. ADDRESS <b>Clinton General Hospital</b>	23c. DATE SIGNED <b>1/7/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/8/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carpenter</b>	24d. LOCATION (City, town, or county) (State) <b>Near Chilhowee Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-12-56</b>	REGISTRAR'S SIGNATURE <b>Mildred Biggs</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Cook Funeral Home, Chilhowee, Mo.</b> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0-48

1957-58

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.....

*JW Cook*  
Licensed Embalmer No. *433*  
P. O. Address *Chillico*

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.