

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14216

State File No.

FILED MAY 10 1956

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>74</u>			
1. PLACE OF DEATH a. COUNTY <u>Lent Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Salem</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial</u>				• STREET ADDRESS (If rural, give location) <u>So. Washington 2220</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernon</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1956</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>Nov 29 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto. Agency owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. COUNTRY OF WHAT CITIZENRY? <u>U S</u>			
13a. FATHER'S NAME <u>J H Butler</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Meuser</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Stephens</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>W W I</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Stephens Butler Salem Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebrovascular Thrombosis</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>-</u>				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) 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>3:25</u> , 19 <u>56</u> , to <u>5:1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/1</u> , 19 <u>56</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B. J. Bass</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Salem Mo</u>		23c. DATE SIGNED <u>5/4/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 4 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Salem Dent Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>May 4, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. ...</u>		ADDRESS <u>Salem Mo</u>			

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

RECEIVED

Phelps County Health Officer,

County File Number 403

Date Filed MAY 9 1956

MISSOURI

NOV 19 1982

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 [Handwritten Signature]

Licensed Embalmer No. 93

P. O. Address Salem

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.