

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37072

State File No. ....

BIRTH NO. 7514-56 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1198

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>St. Joseph Mo</b>		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 <b>Mercy Hospital Osteopathic</b>				e. STREET ADDRESS (If rural, give location) <b>124 South 22nd St.</b> 01110						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Oran</b>			b. (Middle) <b>Kyle Jr</b>		c. (Last) <b>Butler Jr</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11-13 56</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Nov 12-56</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min. <b>1 00</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Oran Kyle Butler</b>			13b. MOTHER'S MAIDEN NAME <b>Beverly Marie Pinzino</b>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Violet Pinzino</b>					ADDRESS <b>St. Joseph 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sub dural hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>protracted labor -mid forceps delivery</b> DUE TO (c) <b>Soft tissue dystocia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>32 hrs.</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>7600</b>					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 <b>Nov 12</b> , 19 <b>56</b> , to <b>11-13</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>11-13</b> , 19 <b>56</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <i>Oran Kyle Butler</i> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>823 Faraon St. St. Joseph Mo</b>			23c. DATE SIGNED <b>11-13-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 14, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>Nov 14, 1956</b>		REGISTRAR'S SIGNATURE <i>Eather M. Allison</i>			FUNERAL DIRECTOR'S SIGNATURE <i>Herman W. Gidenfaden</i>		ADDRESS <b>St. Joseph, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert H. Gypke*.....

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, M.....

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.