

FILED FEB 4 1957

STANDARD CERTIFICATE OF DEATH

State File No. 2594  
574

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)  
a. STATE Illinois b. COUNTY Calhoun

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)  
TOWN St. Louis  
c. CITY OR TOWN Hardin  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
23 St. Johns Hospital  
e. STREET ADDRESS (If rural, give location) 32 8120

3. NAME OF DECEASED a. (First) Rev Edward b. (Middle) D c. (Last) Butler  
4. DATE OF DEATH (Month) (Day) (Year) Jan 17 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married  
8. DATE OF BIRTH April 4, 1891 9. AGE (In years) 65 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) 4 Ireland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Patrick Butler 13b. MOTHER'S MAIDEN NAME Mary Dwyer 14. NAME OF HUSBAND OR WIFE Nono

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Timothy Butler Chicago Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) acute myocardial failure  
ANTECEDENT CAUSES DUE TO (b) Hemorrhage & Shock 20 hrs  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Ruptured aneurysm of abdominal aorta 20 hrs  
11. 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 451X 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Feb 1954, Jan 16, 1957, that I last saw the deceased alive on Jan 16, 1957, and that death occurred at 1:25 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. 23b. ADDRESS 4957 Maryland Ave 23c. DATE SIGNED 1/17/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 1-17-57 24c. NAME OF CEMETERY OR CREMATORY St. Norbert 24d. LOCATION (City, town, or county) (State) Hardin Illinois

DATE REC'D BY LOCAL REG. REG. JAN 19 '57 REGISTRAR'S SIGNATURE J. Earl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington

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

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 M. Murray*.....

Licensed Embalmer No. 374.....

P. O. Address *St. Louis*.....

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.