FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13750
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Wallace Mem Hosp — Length of stay in 1b - -

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Cook
c. CITY OR TOWN Chicago — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 25 W. Huron Street — Reside on Farm Yes ☐ No ☒

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3. NAME OF DECEASED (Type or print) First JOHN Middle - Last BUTEL
4. DATE OF DEATH Month April Day 23 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 31 July 1931
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY US Army
11. BIRTHPLACE (City and state or country) Detroit, Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Deceased
14. MOTHER'S MAIDEN NAME Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 4 Yrs - 13 days
16. SOCIAL SECURITY NO. 335-28-8361
17. INFORMANT [signature] Address US Army Hosp C B MILLIGAN Lt Col MSC Ft Leonard Wood, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple cerebral contusions — INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Basilar skull fracture —
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile accident
20c. TIME OF INJURY Hour 5:20 p. m. Month, Day, Year Apr 23 1957
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 66
20f. CITY, TOWN, OR LOCATION Near Lebanon — COUNTY Laclede — STATE Missouri
21. I saw the deceased on 23 April 57, to ~~and last saw~~ ~~not~~ ~~alive on~~
Death occurred at 10:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) X Henry L. Charles M.D.
22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri
22c. DATE SIGNED 24 Apr 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Apr 27 57
23c. NAME OF CEMETERY OR CREMATORY San Antonio
23d. LOCATION (City, town, or county) (State) San Antonio Texas
24. FUNERAL DIRECTOR B. J. Hedges — ADDRESS HEDGES FUNERAL HOMES INC CROCKER
25. DATE RECD. BY LOCAL REG. MO 4-27-1957
26. REGISTRAR'S SIGNATURE Della L. Day

(Licensed Embalmer's Statement on Reverse Side)

. Health, & Welfare
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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Laclede County Health Unit

Received 5-6-57

File No. 74

Date Filed 5-6-57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed Clarence Gross

Signature of Student Embalmer

Licensed Embalmer No. 4894

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

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.