

Health, Welfare Public Service

300 1-56

diseases in Part I must be, causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 17 1957

STANDARD CERTIFICATE OF DEATH

18266

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph										
b. CITY (If outside corporate limits, give TOWNSHIP only) Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OF INSTITUTION Wabash Employes' Hospital			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 506 Hagood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) WALTER GREEN BUTNER				4. DATE OF DEATH May 7, 1957										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 8, 1876		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter, Retired				10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company		11. BIRTHPLACE (City and state or country) Shelby County			12. CITIZEN OF WHAT COUNTRY? U. S. A.					
13. FATHER'S NAME Fidella Butner						14. MOTHER'S MAIDEN NAME Henrietta Halliburton								
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.		17. INFORMANT Mrs. Walter Butner Moberly, Mo.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Infarction - and Uremia												INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b) Paralytic Ileus Days (7)		
DUE TO (c) Arteriosclerotic Heart Disease Years (?)												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)														
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour a. m. p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from April 27, 1957 to May 6, 1957 and last saw her him alive on May 6, 1957 Death occurred at 4:13 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <i>[Signature]</i>										22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri		22c. DATE SIGNED 5/7/57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			23e. (State)					
Burial		May 9, 1957		Oakland Cemetery		Moberly, Missouri								
24. FUNERAL DIRECTOR Cater Funeral Home Moberly, Missouri					25. DATE RECD. BY LOCAL REG. 5-9-57			26. REGISTRAR'S SIGNATURE <i>[Signature]</i>						

(Licensed Embalmer's Statement on Reverse Side)

69-0

JUN 3

1957

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 Jerry R. Carter
Licensed Embalmer No. 490

P. O. Address Moberly,

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