

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20007**

FILED JUL 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Bates.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Bates.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Butler, Mo.</b>	c. LENGTH OF STAY (In this place) <b>12 days.</b>	c. CITY OR TOWN <b>Rural</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 Mi. N/E Adrian Mo. 0070</b>	

3. NAME OF DECEASED (Type or Print) <b>SUSIE DORENA BUTLER.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June. 8th 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married.</b>	8. DATE OF BIRTH <b>Mar. 11, 1943</b>	9. AGE (In years last birthday) <b>14</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Drexel, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Frank L. Butler</b>	13b. MOTHER'S MAIDEN NAME <b>Hattie Bolling.</b>	14. NAME OF HUSBAND OR WIFE <b>Single, not married.</b>
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 ADDRESS <b>Frank Butler, Adrian, Missouri.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Coarctation</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. 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	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) <b>153x</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Dec 26, 1956, to June, 8, 1957, that I last saw the deceased alive on June 7, 1957, and that death occurred at 12:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>E.E. Robinson</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Adrian, Missouri.</b>	23c. DATE SIGNED <b>6/8/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>	24b. DATE <b>6/9/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Drexel, Mo.</b>

DATE REC'D BY LOCAL REG. <b>6/9/57.</b>	REGISTRAR'S SIGNATURE <b>Randall Kery</b>	25. FORENSIC DIRECTOR'S SIGNATURE ADDRESS <b>J.B. Hays, Drexel, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0071

7-1

**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, ~~XXXXXX~~.....

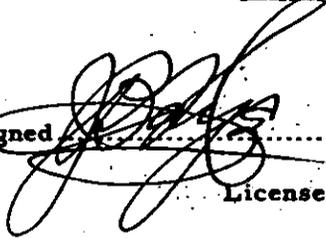
~~Student Embalmer No. XXXXXXXXXX~~

~~working under my personal supervision.~~

Student.....

~~XXXXXXXXXXXXXXXXXX~~

Signature of Student Embalmer

Signed 

J. B. Hays.....

Licensed Embalmer No. 1950...

P. O. Address... DRAXAL... MO.

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.