

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24281

State File No. _____

FILED AUG 12 1957

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5485 Registrar's No. 28

No. 300
10.48

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Cypress Twn.</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Rt. #4, Pattonsburg, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt. #4, Pattonsburg, Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>Henry Franklin Butcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31, 1957</u>
a. (First)	b. (Middle)	c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 6, 1892</u>	9. AGE (In years last birthday) <u>64</u>	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) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Land-Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Coffey, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Phillip J. Butcher</u>	13b. MOTHER'S MAIDEN NAME <u>Deliah May Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Mabel Butcher</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-42-3103</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Mabel Butcher, Rt. 4, Pattonsburg, Mo.</u>	ADDRESS
--	--	--	----------------

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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			<u>7 hr</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Hypertension</u>		<u>12 hr</u>
	DUE TO (c)		
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? <u>2</u> 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) <u>4201</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 4/15/57, 1957, to 7/30, 1957, that I last saw the deceased alive on 7/30, 1957, and that death occurred at 7:30A.M. from the causes and on the date stated above.

23a. SIGNATURES (Degree or title) <u>D. Baumgardner M.D.</u>	23b. ADDRESS <u>Pattonsburg, Mo.</u>	23c. DATE SIGNED <u>8/2/57</u>
---	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 3, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coffey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Coffey, Mo.</u>
---	--	---	--

DATE REC'D BY LOCAL REG. <u>8-5-57</u>	REGISTRAR'S SIGNATURE <u>Delia May Reed</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Reed</u>	ADDRESS <u>Pattonsburg, Mo.</u>
--	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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 *Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address *Pattonville*

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.