THE STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1957

STATE FILE NUMBER 25543

Registration District No. 257 Primary Registration District No. 5881 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: OSAGE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Jefferson Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: OSAGE
c. CITY OR TOWN: R.F.D. — 0760 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside city, give location): Near Belle, Mo — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JACK Middle: Andrew Last: Butter

4. DATE OF DEATH Month Day Year: 7-15-57

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: July-21-1874

9. AGE (In years last birthday): 83 — 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): Section Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Bay-Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Butter

14. MOTHER'S MAIDEN NAME: Jane Jett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 708-14-6444

17. INFORMANT: Mrs Julie Butter — Address: Belle-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): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): None — 4220

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.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-22-57, to 7-15-57 and last saw ~~her~~ him alive on 7-13-57
Death occurred at 3:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul Brenner, M.D.

22b. ADDRESS: Owensville, Mo.

22c. DATE SIGNED: 7-17-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 18-57

23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

23d. LOCATION (City, town, or county) (State): Osage County - Mo

24. FUNERAL DIRECTOR: Sassman's Funeral Service — **ADDRESS**: Bland - Mo

25. DATE RECD. BY LOCAL REG.: July 23 - 1957

26. REGISTRAR'S SIGNATURE: Ta [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

SEP 13 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester Sassmann

Licensed Embalmer No. 41

P. O. Address Bland -

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.