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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
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FILED OCT 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31136

STATE FILE NUMBER

Registration District No. 02 Primary Registration District No. 5239 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Cedar <u>0200</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar <u>0200</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Linn Twp. <u>3</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Stockton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile East</u>			Length of stay in 1b		d. STREET ADDRESS <u>7 Miles N. W.</u> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ORVIL JAMES BUTLER				4. DATE OF DEATH Month Day Year Oct. 10, 1957			
5. SEX Male <input checked="" type="checkbox"/>	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 June 3, 1908		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min. 4 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Dairy farming		11. BIRTHPLACE (City and state or country) Stockton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME William C. Butler				14. MOTHER'S MAIDEN NAME Anna Brown			
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. 496-10-7987		17. INFORMANT Gertie Butler, Stockton, 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) <u>Crushed chest due to car wreck</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Car turned over pinning him</u> DUE TO (c) <u>wreck door of car</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>020</u>							INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
20a. ACCIDENT <input checked="" 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.) <u>Car upset crushing chest. Car ran off of road into ditch + upset.</u>						
20c. TIME OF INJURY 8:30 p. m.	Hour Month, Day, Year 10-10-57						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Good to Cedar St</u>		20f. CITY, TOWN, OR LOCATION East of Stockton - Cedar - Mo.		COUNTY STATE	
21. I attended the deceased from <u>10-10-57</u> to <u>10-10-57</u> and last saw <u>him</u> alive on <u>10-10-57</u> Death occurred at <u>8:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>[Signature]</u> (Degree or title) D. O. 2				22b. ADDRESS <u>Stockton Mo.</u>		22c. DATE SIGNED <u>10-11-57</u>	
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE 10-13-1957	23c. NAME OF CEMETERY OR CREMATORY Lindley Prairie Cem.		23d. LOCATION (City, town, or county) (State) Cedar County, Mo.		
24. FUNERAL DIRECTOR Cantlon Fun. Home			ADDRESS Stockton, Mo.		25. DATE RECD. BY LOCAL REG. 10-12-57	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1961

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 *John A. Cantlon*

Licensed Embalmer No. *43*

P. O. Address *Stockton*

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.