

FILED DEC 9 - 1957

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40924**

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HOLDEN</u>		c. LENGTH OF STAY (In this place) <u>9 MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ELM</u>		651 ^D 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SMEAD NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>RED KINGSVILLE MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LABAN</u>		b. (Middle) <u>LILLY</u>		c. (Last) <u>BUTLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 25 1957</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>FEB 16 1885</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u>		IF UNDER 24 Hrs. Hours <u>9</u> 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>RETIRED</u>		11. BIRTHPLACE (State or foreign country) <u>CRAWFORD CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>REUBIN H. BUTLER</u>			13b. MOTHER'S MAIDEN NAME <u>MARY A WILKINSON</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.A. BUTLER</u>		ADDRESS <u>KINGSVILLE MO</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)			
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 <u>June 16, 1957</u> , to <u>Mar 25, 1957</u> , that I last saw the deceased alive on <u>Mar 25, 1957</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u>				23b. ADDRESS <u>Holden Mo.</u>		23c. DATE SIGNED <u>Mar 26 '57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 29 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lin Spring Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Kingsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-5-57</u>		REGISTRAR'S SIGNATURE <u>Wesley Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Conrad May</u>		ADDRESS <u>Holden Mo</u>	

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

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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
Student Embalmer

Signed *M R Bradley*

Licensed Embalmer No. 13434

P. O. Address Helen, 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 this body is not embalmed, fact should be so stated above.