

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004379

STATE FILE NUMBER 12

FILED FEB 17 1958

Registration District No. 15 Primary Registration District No. 3004 Registrar's No.

300
1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Golden City <i>2069</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Potts Nursing Home 3 yrs.			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) none			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN LAFAYETTE BUTTERFIELD				4. DATE OF DEATH Feb. 8, 1958 Month Day Year				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 26, 1863		9. AGE (In years at birthday) 94	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) Farmer (retired)			10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or county) Sedalia, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Stephen Butterfield			13b. MOTHER'S MAIDEN NAME Malissa Thompson		14. NAME OF HUSBAND OR WIFE Mrs. Myrtle Butterfield			
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. -----	17. INFORMANT Address Freeman Butterfield, Easton, Ken.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolism DUE TO (b) Arteriosclerosis DUE TO (c) 332x Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.						INTERVAL BETWEEN ONSET AND DEATH 4 1/2 Years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal Pneumonia						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 1-7-58 to 2-8-58 and last saw ^{her} _{him} alive on 2-1-58 Death occurred at 1:45 am a m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) F. Earl M. Arnold M.D.				22b. ADDRESS Lamar, Missouri		22c. DATE SIGNED 2-8-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) Golden City, Mo.		(State)	
24. FUNERAL DIRECTOR Phillips Funeral Home, Golden City, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. FEB 10 58	26. REGISTRAR'S SIGNATURE Marie Konantz		

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 *A. L. Dugh*

Licensed Embalmer No. *4951*

P. O. Address *Golden City, 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.