

Health,
& Welfare
Public
Service

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1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019051
STATE FILE NUMBER

FILED **STATES** 1958

Registration District No. **218** Primary Registration District No. **5789** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James Twnsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN East Prairie 0670
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mi. So. West East Prairie, 23 Yrs.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Rt. #1
3. NAME OF DECEASED (Type or print) First Middle Last David Sherman Butler			4. DATE OF DEATH Month Day Year May 18, 1958
5. SEX Male	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 1-15-1880
9. AGE (In years last birthday) 78		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) Retired Timber Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jackson County, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Harmon Butler	
13b. MOTHER'S MAIDEN NAME Icie Louise Hobbs		14. NAME OF HUSBAND OR WIFE Lillie Butler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Lillie Butler, East Prairie, Mo. Rt. #1		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis			
DUE TO (c) 4221			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 July 3rd to 1953 and last saw him alive on May 12, 1958 Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gordon C. Hemphill D.O.		22b. ADDRESS East Prairie Mo.	
22c. DATE SIGNED 5-27-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-20-58	
23c. NAME OF CEMETERY OR CREMATORY Oddfellows Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Missouri	
24. FUNERAL DIRECTOR Travis Shelby Jr., East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 5-31-58	
26. REGISTRAR'S SIGNATURE Lester G. Harper			

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Miss. Co. Health De

County File No. _____

Date Filed _____

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 *Travis Shelby* _____

Licensed Embalmer No. *4940* _____

P. O. Address *East House* _____

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.