

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033491

STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY <i>Marion</i>		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hannibal</i>		c. CITY OR TOWN <i>Hannibal, Mo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Grant Rest Home</i>		d. STREET ADDRESS (If outside, give location) <i>1000 Rock St</i>	
3. NAME OF DECEASED (Type or print) First <i>CHARLES</i> Middle <i>LESTER</i> Last <i>BUTTS</i>		4. DATE OF DEATH Month <i>9</i> Day <i>9</i> Year <i>58</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>78</i>
11. BIRTHPLACE (City and state or country) <i>Kidder, Mo</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William Butts</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>496-09-1094</i>	17. INFORMANT <i>Mr Lawrence Grant - Hannibal, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro-Vascular Accident</i> DUE TO (b) <i>Arterio Sclerotic Heart Disease</i> DUE TO (c) <i>4200</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>1 mth</i> <i>2 yrs</i>
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>12:30 a m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Wm Canella M.D.</i>		22b. ADDRESS <i>Hannibal, Mo.</i>	
22c. DATE SIGNED <i>9/10/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>9-12-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Robinson</i>	23d. LOCATION (City, town, or county) (State) <i>Hannibal, Mo</i>
24. FUNERAL DIRECTOR <i>W E Roberts</i>		25. DATE RECD. BY LOCAL REG. <i>9-11-1958</i>	
ADDRESS <i>Hannibal Mo</i>		26. REGISTRAR'S SIGNATURE <i>Dr E M Luckey, M C Fisher</i>	

health, Welfare public service  
300 1-56  
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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**RECEIVED** SEP 16 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** SEP 16 1958

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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.....  
Signature of Student Embalmer

Signed *W. E. Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Hannibal*

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.