

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-922201  
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 58

v. 300  
v. 1-57  
172

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  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charleston</b>		c. CITY OR TOWN <b>Charleston</b>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>512 S. Locust</b>		d. STREET ADDRESS (If outside, give location) <b>512 S. Locust</b>	
3. NAME OF DECEASED (Type or print) <b>Blaine Butler</b>		4. DATE OF DEATH Month Day Year <b>6-20-59</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 1, 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Common</b>	11. BIRTHPLACE (City and state or country) <b>Wolf Island Mo.</b>
13a. FATHER'S NAME <b>Alex Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Bullox</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Butler</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>492-16-7215</b>	17. INFORMANT Address <b>512 S. Locust</b> <b>Bertha Williams Charleston Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of the Pancreas with metastasis to the Liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UnKn.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None Known</b>			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 WORK <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 Death occurred at <b>1:05 P.M.</b>		and last saw <del>her</del> him alive on <b>20 Jun 1959</b>	
22a. SIGNATURE (Degree or title) <b>John L Sample M.D.</b>		22b. ADDRESS <b>Charleston Mo.</b>	
22c. DATE SIGNED <b>6/23/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/23/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>
23d. LOCATION (City, town, or county) (State) <b>Charleston Missouri</b>			
24. FUNERAL DIRECTOR <b>Peoples funeral Chapel</b>		25. DATE RECD. BY LOCAL REG. <b>7-3-59</b>	26. REGISTRAR'S SIGNATURE <b>Norothy B. Hawthorn</b>

Date Filed 7-6-59

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 *T. B. Donaldson* .....

Licensed Embalmer No. 4935.....

P. O. Address..Charleston 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.