

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022751

STATE FILE NUMBER

FILED JUN 19 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar's **2 4764**

300

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>ST. LOUIS, MISSOURI</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Glasgow Village</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>  |  | Length of stay in lb<br><b>16 days</b>  | d. STREET ADDRESS (If outside, give location)<br><b>10320 Dudley Drive</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>George</b> Middle <b>N.</b> Last <b>Butler</b><br><b>GEORGE NEVILLE BUTLER</b>  |  |   | 4. DATE OF DEATH<br>Month <b>MAY</b> Day <b>14</b> Year <b>1959</b>   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 18, 1880</b>   |
| 9. AGE (In years last birthday)<br><b>78</b>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired shipping clerk</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Standard Brands, Inc.</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Oxford, England</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  | 13a. FATHER'S NAME<br><b>William Butler</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Nellie Bradford</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Maude C. Butler</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>490-01-4711</b>   | 17. INFORMANT<br><b>Mr. George A. Butler 10320 Dudley Dr.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CARCINOMA OF HEAD OF PANCREAS WITH EXTENSIVE INTRA-ABDOMINAL METASTASES AND TO LUNGS</b>                               |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 MONTHS</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   | <b>157x</b>   |
| 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?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour _____ Month, Day, Year<br>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 <b>DECEMBER 2, 1958</b> to <b>MAY 14, 1959</b> and last saw her/him alive on <b>MAY 14, 1959</b><br>Death occurred at <b>8:45 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>C. P. Vermillion, M.D.</b>  |  | 22b. ADDRESS<br><b>BARNES HOSPITAL</b>  | 22c. DATE SIGNED<br><b>5/15/59</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cr Removal</b>   | 23b. DATE<br><b>May 18, 1959</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, County, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Math Hermann &amp; Son, Inc. 2161 E. Fair</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>5-15-59</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b>  |

CR

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 *Clement M. Gray*

Licensed Embalmer No. *3732*  
P. O. Address *St. Louis*

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.