

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039631

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2600 Registrar's No. 1241

EMENDED

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 6 mo. 7 day	c. CITY OR TOWN Cincinnati		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1108 Sherman Avenue	
3. NAME OF DECEASED (Type or print) First James Middle Jesse Last Butts			4. DATE OF DEATH Month NOV. Day 16 Year 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/19/27	9. AGE (last birthday) 31	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Various	11. BIRTHPLACE (City and state or country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jesse Butts		13b. MOTHER'S MAIDEN NAME Mary (unknown) Butts		14. NAME OF HUSBAND OR WIFE Betty Rose Butts	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1946 - 1949		16. SOCIAL SECURITY NO. 286-20-2420	17. INFORMANT MCFP - Files - Springfield, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Ischemia					2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis					9 months
DUE TO (c) Squamous cell carcinoma of the lip					1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Discoid Lupus Erythematosus				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 4/13/59 to 11/16/59 and last saw her/him alive on 11/16/59 Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) Jesse D. Harris, M. D. Acting Clinical Director			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 11/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-17-59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) CINCINNATI, OHIO		(State)
24. FUNERAL DIRECTOR AYRE-GOODWIN		ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 11-17-59	26. REGISTRAR'S SIGNATURE Effie B. Meeter	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1956
DEC 3

MS DEC 4 1959

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 Gene C. Hunt

Licensed Embalmer No. 4739

P. O. Address Sydney, Md

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.