URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 26 1960

-60-004877
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: WARREN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: WARRENTON — Length of stay in 1b: 2YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: KATIE JANE MEMORIAL HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 517 CUNNINGHAM — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHRISTIAN Middle EDWARD Last BUTEMEYER
4. DATE OF DEATH: Month JAN. Day 8 Year 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: JUNE 21, 1879
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months 6 Days 18 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN
10b. KIND OF BUSINESS OR INDUSTRY: EDUCATIONAL INST.
11. BIRTHPLACE (City and state or country): ST. CHARLES CO. MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: WILLIAM BUTEMEYER
13b. MOTHER'S MAIDEN NAME: L. CENTHY MEIER
14. NAME OF HUSBAND OR WIFE: AUGUSTA HOHL BUTEMEYER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 494-22-8735
17. INFORMANT: LUCILLE H. NISSING Address: ST. CHARLES, MO

MEDICAL CERTIFICATION

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)	Pneumonia, Bilateral Hypostatic	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Vascular Accident	unknown
DUE TO (c)	Generalized Arteriosclerosis	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-3-57, to 1-8-60 and last saw him alive on 1-6-60
Death occurred at 3:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Warrenton, Missouri
22c. DATE SIGNED: 1-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JAN 9, 1960
23c. NAME OF CEMETERY OR CREMATORY: HOWELL CEMETERY
23d. LOCATION (City, town, or county) (State): ST. CHARLES COUNTY, MO
24. FUNERAL DIRECTOR: C. L. PRINSTER ADDRESS: ST. CHARLES, MO
25. DATE RECD. BY LOCAL REG.: JAN 16, 1960
26. REGISTRAR'S SIGNATURE: Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

VS JAN 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Howard O Kessler

Signature of Student Embalmer

Licensed Embalmer No. 4631

P. O. Address Westville, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.