

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 16 1960 238

5823

-60-023901

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 64

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL		Length of stay in 1b	c. CITY OR TOWN SIXESTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 419 KENDALL

3. NAME OF DECEASED (Type or print) First Middle Last FREDERICK BUCK BUTLER			4. DATE OF DEATH Month Day Year 6-1-60			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION WORKER (RET) FRISCO R.R. Co		10b. KIND OF BUSINESS OR INDUSTRY PT. PLEASANT MO		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME WILLIAM BUTLER		13b. MOTHER'S MAIDEN NAME MATILDA		14. NAME OF HUSBAND OR WIFE PEARL ALICE BUTLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Address Mrs F. B. Butler - Sixston Mo		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull on left side DUE TO (b) Crushed Chest on left side of DUE TO (c) body.		INTERVAL BETWEEN ONSET AND DEATH
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. <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 checked="" 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.) Car + Truck hit on	
20c. TIME OF INJURY Hour a.m. p.m. Highway 61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 61	20f. CITY, TOWN, OR LOCATION COUNTY STATE New Madrid - N. M. MO
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Jay Hedgcock		22b. ADDRESS New Madrid. Mo		22c. DATE SIGNED 6/3/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-3-60	23c. NAME OF CEMETERY OR CREMATORY MOUNDS PARK	23d. LOCATION (City, town, or county) (Date) NEW MADRID Co MO	
24. FUNERAL DIRECTOR ADDRESS Welsh Funeral Home - Sixston Mo		25. DATE RECD. BY LOCAL REG. 6/11/60	26. REGISTRAR'S SIGNATURE Jay Hedgcock	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

JUN 24 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Grews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

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