

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
 a. STATE Mo. b. COUNTY New Madrid
 c. CITY OR TOWN Portageville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 104 West 4th. Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
CLARA L. BUTLER
 4. DATE OF DEATH Month Day Year
JANUARY 6 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 6/28/13 9. AGE (last Birthday) 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) BRAGGADOCIA Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME CURT LONG 13b. MOTHER'S MAIDEN NAME SALLY (UNKNOWN) 14. NAME OF HUSBAND OR WIFE LEEDS 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. NONE 17. INFORMANT LEEDS BUTLER - PORTAGEVILLE Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) CARCINOMATOSIS, PRIMARY SITE DUODENUM INTERVAL BETWEEN ONSET AND DEATH 2 1/2 YEARS
 DUE TO (b) _____
 DUE TO (c) 152.0

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 FEB. 29, 1960 to JAN. 6, 1961 and last saw her alive on JAN. 6, 1961
 Death occurred at 7:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M. D. 22b. ADDRESS BARNES HOSPITAL 22c. DATE SIGNED 1/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 1-8-1961 23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY 23d. LOCATION (City, town, or county) (State) CARTHAGESVILLE, Mo.

24. FUNERAL DIRECTOR JOE DELISIE - PORTAGEVILLE Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. JAN 7 1961 26. REGISTRAR'S SIGNATURE [Signature] M. D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

JAN 23 1961

STATE BOARD OF HEALTH
EMBALMERS' ASSOCIATION

STATE OF ILLINOIS

STATE BOARD OF HEALTH

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 John J. Kasaly III

Licensed Embalmer No. 5039

P. O. Address East St. Louis, Ill

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.