

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012548

STATE FILE NUMBER

Registration District No. 032

Primary Registration District No. 4042

Registrar's No. 13

AMENDED

FILED MAY 3 1961

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LUTESVILLE</u>		c. CITY OR TOWN <u>LUTESVILLE</u>	
Length of stay in 1b <u>2 months</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BOND NURSING HOME</u>		d. STREET ADDRESS (If outside, give location) Yes ☐ No ☐	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ALANSON RIPPITOE BUTLER</u>			4. DATE OF DEATH Month Day Year <u>APRIL 17 1961</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>4-5-1884</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>SEYMOR, MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>WILLIAM BUTLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARYANN RIPPITOE</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE BUTLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-16-2248</u>		17. INFORMANT <u>Wm. Butler, 1401 N. Spanish, Cape Girardeau</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease</u> DUE TO (c) <u>arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Smoking</u>		PART III. If deceased was female, was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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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 <u>3/2/61</u> to <u>4/17/61</u> and last saw him alive on <u>4/17/61</u> Death occurred at <u>4:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>John J. Myers MD</u> (Degree or title)		22b. ADDRESS <u>Lutesville Mo</u>		22c. DATE SIGNED <u>4/21/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-18-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Slaybaugh Cem.</u>	23d. LOCATION (City, town, or county) <u>Lutesville Mo.</u>	(State)	
24. FUNERAL DIRECTOR <u>Baber Funeral Home, Lutesville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/22/61</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, W.

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.