

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014254

AMENDED

Registration District No. 104 Primary Registration District No. 3032 Registrar's No. 57

STATE FILE NUMBER

FILED APR 17 1961

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| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | Length of stay in 1b 9 Mon. | c. CITY OR TOWN Warrensburg |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg, Medical Center | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 130 W. Culton |
| 3. NAME OF DECEASED (Type or print) First Glen Middle Buthe Last Buthe | | | 4. DATE OF DEATH Month April Day 13 , Year 1961 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/21/1883 |
| 9. AGE (last birthday) 77 | | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Grain-Livestock | 11. BIRTHPLACE (City and state or country) Clark Co. Missouri |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Louis Buthe | |
| 13b. MOTHER'S MAIDEN NAME Jennie Gilchrist | | 14. NAME OF HUSBAND OR WIFE Katie E. Buthe-Dec. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Mrs James Campbell-Kansas City, 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) Hemo-Pneumo-Thorax, Bilateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Perforation Rt & left lungs. DUE TO (c) Multiple Rib fractures due to trauma. | | | INTERVAL BETWEEN ONSET AND DEATH 3 Hours |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Brain Injury | | | 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.) Automobile Accident | |
| 20c. TIME OF INJURY Hour 8 a.m. p.m. Month, Day, Year 4-13-61 | 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 Intersection | | 20f. CITY, TOWN, OR LOCATION Warrensburg, Johnson, Mo | STATE |
| 21. I attended the deceased from 4-13-61 , to 4-13-61 and last saw her/him alive on 4-13-61 Death occurred at 11:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Keith D. Jones, M.D. (Degree or title) | | 22b. ADDRESS Warrensburg, Mo | 22c. DATE SIGNED 4-14-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/16/1961 | 23c. NAME OF CEMETERY OR CREMATORY Jacoby Chapel Cemetery R.R. Warrensburg, Mo. | |
| 24. FUNERAL DIRECTOR Sweeney-Phillips-Warrensburg, Mo. | | 25. DATE RECD. BY LOCAL REG. Apr. 15, 1961 | 26. REGISTRAR'S SIGNATURE Savannah Butchfield |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 29 1961

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Master, Pa

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.