SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021787
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 52

AMENDED

FILED JUL 6 1961

1. PLACE OF DEATH
a. COUNTY Lawrence

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Vernon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Length of stay in 1b 7 days

c. CITY OR TOWN Nevada — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 1300 W. Allison — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Harvey Last Butler

4. DATE OF DEATH Month June Day 27 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/3/01

9. AGE (last birthday) 59 — 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) Carpenter's helper & Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Oklahoma

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Oliver Lafayette Butler

13b. MOTHER'S MAIDEN NAME Ethel Olive Hinkle

14. NAME OF HUSBAND OR WIFE Faye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Medical Records, Mo. State San. 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) Pulmonary infiltration, cause undetermined; suspect malignancy — INTERVAL BETWEEN ONSET AND DEATH unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 6/20/61, to 6/27/61 and last saw him alive on 6/27/61
Death occurred at 1:00 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C E Hellweg M.D.

22b. ADDRESS Mt. Vernon, Missouri

22c. DATE SIGNED 6/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify) 6-27-61

23b. DATE 6-27-61

23c. NAME OF CEMETERY OR CREMATORY Nevada Cemetery

23d. LOCATION (City, town, or county) Nevada (State) Mo

24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada Mo.

25. DATE RECD. BY LOCAL REG. 6-28-1961

26. REGISTRAR'S SIGNATURE H. D. Fossett

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 14 1961

NOV 22 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 Mat L. Jowett

Licensed Embalmer No. 4452

P. O. Address Mt Vernon, Ka

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.