SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

5794 -61-022382

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5794

FILED JUN 29 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI — Length of stay in 1b

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

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

d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle T. Last BUTLER

4. DATE OF DEATH Month JUNE Day 20 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/5/1905

9. AGE (last birthday) 56 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Malvern, Arkansas

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME J.W.Butler

13b. MOTHER'S MAIDEN NAME Liza Birmington

14. NAME OF HUSBAND OR WIFE Ethel

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. Unknown

17. INFORMANT Ethel Butler, Address Clarkton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

O.K. Paul J. Simon Deputy Coroner 6/21/61

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE RENAL FAILURE	5 DAYS
DUE TO (b)	SHOCK	24 HOURS
DUE TO (c)	PERFORATED GASTRIC ULCER 540.1	8 HOURS

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

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 JUNE 19, 1961, to JUNE 20, 1961 and last saw her/him alive on JUNE 20, 1961

Death occurred at 5:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F R Bradley MD (Degree or title) F. R. BRADLEY, M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 6/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-22-61

23c. NAME OF CEMETERY OR CREMATORY Stanfield Cemetery

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

24. FUNERAL DIRECTOR Albert H.Hoppe, Inc., ADDRESS 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG. JUN 21 1961

26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

JUL 7 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 Elton R. H. Remelu

Licensed Embalmer No. 4283

P. O. Address St. Louis.

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