

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047566

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 2

STATE FILE NUMBER

FILED JAN 3 1962

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HOUSTON</u> Length of stay in 1b _____ c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TEX. CO. MEM. HOSP</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u> c. CITY OR TOWN <u>HOUSTON (RURAL)</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>SOLO COMMUNITY</u> (if outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>ROGER DALE BUTLER</u>			4. DATE OF DEATH Month Day Year <u>12 19 1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-22-61</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <u>27</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CABOOL, MO</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>BOYD BUTLER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA PACK</u>		
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____ 17. INFORMANT <u>EMMA BUTLER</u> Address <u>SOLO, MO</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>BRONCHOPNEUMONIA, ETIOLOGY UNKNOWN.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 DAYS</u>
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. <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 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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 12-18-61 to 12-19-61 and last saw her/him alive on 12-19-61.
 Death occurred at 1:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	22b. ADDRESS <u>Houston, Mo</u>	22c. DATE SIGNED <u>12-21-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-20-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SOLO CEMETERY</u>
23d. LOCATION (City, town, or county) <u>HOUSTON (RURAL), MO</u>		23e. (State) _____
24. FUNERAL DIRECTOR <u>L. F. EVANS</u> ADDRESS <u>HOUSTON, MO</u>		25. DATE RECD. BY LOCAL REG. <u>1-2-62</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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 STEPHEN E. ATKISSON, Student Embalmer No. 638

working under my personal supervision.

Student Stephen E. Atkisson Signed Lowell C. Craig
Signature of Student Embalmer

Licensed Embalmer No. 4760

P. O. Address 17th St

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.