

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034065

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 61Primary Registration District No. 5-236Registrar's No. 97

FILED OCT 15 1962

## 1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Box Twp.Length of stay in lb  
2 yrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 5 miles So. EastInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cedarc. CITY  
OR  
TOWN Eldorado SpringsInside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS (If outside, give location)  
5 miles So. EastReside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Leroy Martin Butcher4. DATE  
OF  
DEATH

Month

Day

Year

10-6-1962

## 5. SEX

M

## 6. COLOR OR RACE

W7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/28/01

## 9. AGE (last birthday)

61

## 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)  
Laborer10b. KIND OF BUSINESS OR INDUSTRY  
-11. BIRTHPLACE (City and state or country)  
Lowry City, Mo.12. CITIZEN OF WHAT COUNTRY  
U. S. A.

## 13a. FATHER'S NAME

Lon Butcher

## 13b. MOTHER'S MAIDEN NAME

Sarah Ann McNutt

## 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.  
446-16-0088

## 17. INFORMANT

Address

Harry F. Butcher Humansville, 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)

Gun Shot wound in right templeINTERVAL BETWEEN  
ONSET AND DEATH  
Inst.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying 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 ☐ Unknown19. 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.)  
self inflicted gun shot wound20c. TIME OF  
INJURY  
5:30  
p.m.Month, Day, Year  
10-6-6220d. 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.)  
home20f. CITY, TOWN, OR LOCATION  
Rt. #3 Eldorado Spgs.

COUNTY

Cedar

STATE

Mo.21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_  
Death occurred at Approx. 5:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Max W. Sickering Coroner

## 22b. ADDRESS

El Dorado Spgs., Mo.

## 22c. DATE SIGNED

10-6-6223a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

## 23b. DATE

10/9/62

## 23c. NAME OF CEMETERY OR CREMATORY

Lowry City Cemetery

## 23d. LOCATION (City, town, or county)

Lowry City, Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Beckwith Funeral Home Humansville, Mo. 10-9-62

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Joe E. Rushman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, Mo.

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.