MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-034065

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 61 Primary Registration District No. 5236 Registrar's No. 97

STATE FILE NUMBER

FILED OCT 15 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Box Twsp.
Length of stay in 1b: 2 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5 miles So. East
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cedar
c. CITY OR TOWN: Eldorado Springs
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 miles So. East
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Leroy Middle Martin Last Butcher
4. DATE OF DEATH: Month 10 Day 60 Year 1962
5. SEX: M
6. COLOR OR RACE: W
7. 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): Laborer
10b. 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.
17. INFORMANT: Harry F. Butcher Address: Humansville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gun Shot wound in right temple
INTERVAL BETWEEN ONSET AND DEATH: Inst.
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.): self inflicted gun shot wound
20c. TIME OF INJURY: Hour 5:30 p.m. Month, Day, Year 10-6-62
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.): home
20f. 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 Aprox. 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: 10-8-62

23a. 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) (State): Lowry City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Beckwith Funeral Home Humansville, Mo.
25. DATE RECD. BY LOCAL REG.: 10-9-62
26. REGISTRAR'S SIGNATURE: Joe E. Durham per K.M.

(Licensed Embalmer's Statement on Reverse Side)

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.