

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034310

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 26

FILED OCT 8 1962

VS 300
Rev. 4/596380
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rosebud Rt.</u>		c. CITY OR TOWN <u>Pacific</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>(Canaan Sup)</u>		d. STREET ADDRESS (If outside, give location) <u>2 1/2 mi west.</u>	
3. NAME OF DECEASED (Type or print) <u>Charles Edward Butler</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w.</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>May 20, 1901</u>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Granby Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>U. S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
13a. FATHER'S NAME <u>Chas. E. Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Link</u>	
14. NAME OF HUSBAND OR WIFE <u>Henrietta Butler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Henrietta Butler Pacific, 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>myocardial infarction</u> DUE TO (b) <u>hypertensive cardiac - vascular disease</u> DUE TO (c) <u>?</u> 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 <u>2-5-62</u> Month, Day, Year <u>9-25-62</u>			
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 <u>2-5-62</u> to <u>9-25-62</u> and last saw him alive on <u>8-21-62</u> Death occurred at <u>9-25-62</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert H. Pappas M.D.</u> (D. or title)		22b. ADDRESS <u>Jefferson City, Mo</u>	
22c. DATE SIGNED <u>9-25-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>9-28-62</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Sunset Memorial</u>	
23d. LOCATION (give town, or county) <u>Pacific Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>9-28-62</u>	
23f. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Pappas</u>		23g. ADDRESS <u>Pacific Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union 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.