MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037329
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 218

FILED OCT 15 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1007
2 0675 2
3
4 0
5 1
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7 0
8 1
9 151 X
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12 1-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SIKESTON — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. DELTA COMMUNITY — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MISSISSIPPI
c. CITY OR TOWN: CHARLESTON — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 201 Vine ST — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUSSELL Middle Scott Last BUTLER
4. DATE OF DEATH: Month October Day 8, Year 1962
5. SEX: Male
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-10-1915
9. AGE (last birthday): 47 — 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 - ELEVATOR
10b. KIND OF BUSINESS OR INDUSTRY: COTTON + GRAIN
11. BIRTHPLACE (City and state or country): CHARLESTON, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: PERRY BUTLER
13b. MOTHER'S MAIDEN NAME: LUCY
14. NAME OF HUSBAND OR WIFE: ELLA MARIE BUTLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT: ELLA MARIE BUTLER, Address CHARLESTON, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Adrenal Hemorrhage & Shock	24 hr.
DUE TO (b)	Pulmonary Emboli Multiple	4 or 5 days
DUE TO (c)	Pancreatitis post operative	48 hr

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): Adenocarcinoma of Stomach

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 9/21/62, to 10/8/62 and last saw ~~her~~ him alive on 10-8-62
Death occurred at 4:33 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): May A. Heeb MD
22b. ADDRESS: SIKESTON MO.
22c. DATE SIGNED: 10/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-11-62
23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
23d. LOCATION (City, town, or county) (State): CHARLESTON, Mo

24. FUNERAL DIRECTOR: John L. Nunnelee Jr. ADDRESS: NUNNELEE FUNERAL CHAPEL-CHARLESTON, Mo
25. DATE RECD. BY LOCAL REG.: 10-12-1962
26. REGISTRAR'S SIGNATURE: Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

Permit issued Oct 8 - 1962

OCT 18 1962

OCT 19 1962

JAN 29 1963

APR 9 1963

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 John T. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.