

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0014633

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 105

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH
a. COUNTY *Henry*b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *Clinton*Length of stay in 1b
*1 wk*c. FULL NAME OF (If not in hospital, give location)
HOSPITAL OR INSTITUTION *Metzel*Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Mo* b. COUNTY *Benton*c. CITY OR TOWN *Warsaw*Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
*East Route 3*Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)*Elgin Y. Butler*4. DATE OF DEATH
Month *April* Day *14* Year *1964*5. SEX
Female

6. COLOR OR RACE

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
*Sept 29 1887*9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Ill

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

*Unknown*14. NAME OF HUSBAND OR WIFE
*Harry Butler*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.
*488-40-6210*17. INFORMANT
Address18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary paralysis

INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Cerebral vascular Hemorrhage**24-hrs.*

DUE TO (c)

*Cerebral arteriosclerosis**years*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Congestive Heart Failure, E. Hypertension

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.)

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 *4/10/64* to *4/14/64* and last saw her alive on *4/14/64*
Death occurred at *3:45 P.M. 4/14/64* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James C. Chaves, D.O.

22b. ADDRESS

105 E. Ohio Clinton Mo 4-14-64

22c. DATE SIGNED

23a. MANNER OF DEATH
(Specify)23b. DATE
*April 14-64*23c. NAME OF CEMETERY OR CREMATORY
*Maumet Stone*23d. LOCATION (City, town, or county)
Independence Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS
*Poland R. Speaks*25. DATE RECD. BY LOCAL REG.
*April 14-64*26. REGISTRAR'S SIGNATURE
Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 22 1964

6432
C100

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5-5

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 *Roland G. Speaks*

Licensed Embalmer No. 3604

P. O. Address Indep, 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.