MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 图65-0						
			PU		c HEALTH AND WELFARE 37  Registresign District No. 42/2 Registrer's No. 23  STATE FILE NUM	BER
DO NOT WRITE ON THIS STUB	AME	NDED			06/2 3 1308	
VS 300	_   <u>   </u>			1	a. COUNTY Henry  1. PLACE OF DEATH  a. COUNTY Henry  A. STATE Missouri COUNTY Henry	esidence before admission)
Rev. 4/59	12	-		-	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR	Inside Limits
.	AMENDED	- 1			Town Rural Blairstown   I Blairstown   I I I I I I I I I I I I I I I I I I	Yes 🗆 Ng 🗆
0420	E A			_	c. FULL NAME OF (IT NOT in hospital, give location) HOSPITAL OR INSTITUTION 1	Reside on Farm
20420	DATE			_	institution miles west Blairstown X R.F.D. #I	Yes   No
3	<i>'</i>	$\top$	1	_;	3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF T.	Year
					Ralph Park Butcher DEATH Oct. 14	1965
	1 1 1			;	Months Days	IF UNDER 24 HR Hours Min.
5 ./				_	Male   White   Market   6/20/1919 46	<u> </u>
6	0	-	Н	"	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WI	HAT COUNTRY
<u> </u>	§		Н	_	Farmer General Chilhowee Missouri U.S. 3. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	A
7			Н	١.		
8 0 1	<u>,                                    </u>		Н	<del>-</del> 15	Ralph E. Butcher   Mable Park   Marion Hill But 5. Was Deceased Ever in U.S. Armed Forces?   16. Social Security No.   17. INFORMANT Address	cher
	<b>⋖</b>			()	(es, no, or unknown) (If yes, give wer or dates of service)	36-
X	#     <del> </del>	1	5	_	18. CAUSE OF DEATH (Effer day one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  ONS.	MO RVAL BETWEEN ET AND DEATH
10 I	중 [편]		DOCUMEN		IMMEDIATE CAUSE (6) Un Known Non Wateral Cause un	er and bears
11042	ו וטור		Š		11.	
12913	EAD		ĕ		Conditions, if any, which gave rise to DUE TO (b)	
13 . 2	SE IS	┸			above cause (a), stating the under-	
	5			z	lying cause last. J DUE TO (c) CONTRIBUTING TO DEATH but not related to the ferminal Plats In. If deceased w.	as female was
را	n		П	ATION	disease condition given in PART 1 (a)	y in last 90 days.
	로	1	Н	FIC	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of	. 1
NO.	Ž			CERTIF	19. WAS AUTOPSY PERFORMED? YES NOT	item (8.)
z	ME			₹	20c. TIME OF Hou Month, Day, Year	
≥ 2 5	<b>⋖</b> │			MEDICAL	INJURY p.m. 10-14-65	
RIBBON					20d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  NOT WHILE AT WORK  NOT WHILE AT WORK  WHAT  WHILE AT WORK  WHILE AT WO	My STATE
	ا او					Mo.
돌이쁘니	READ			J	21. I attempted the deceased fromend last saw him alive on	
USE BLACE OR TYPEWRITER					Death occurred at	es stated.
US PE	SHOULD		占		226 ADDRESS 22b. ADDRESS 2	2c. DATE SIGNED
	하		≒		Telegred N. Kuy M.W conser Clinton, Missouri I	0/19/65
	Ö	$\top$	AFFIDAVIT	23	B. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify)	(State)
ļ		-		لِيُـا	Burial IO/20/I965 Carpenter Chilbowee Missouri	
	ITEM		87.∠		10ct 19 19/5 100 ids. 0 By	ellin
I.	-	I	ا ۳	C	ook Funeral Home, Chilhowee, Mo 100, 11, 140 17 17 180	MA
					(Licensed Embalmer's Statement on Reverse Side)	1 0

## STATEMENT BY LICENSED EMBALMER

y	is recorded on the reverse side of this certificate was embalmed by me,
ing under my personal supervision.	
entSignature of Student Embalmer	Signed
	Licensed Embalmer No. 433)
	P. O. Address Chilhowa Me

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.

10-19-65