

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26747

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4266 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Calhoun</u>	c. LENGTH OF STAY (in this place) <u>56 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Calhoun</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 block S.E. of Hq.</u>		d. STREET ADDRESS (If rural, give location) <u>1 block S.E. of Hq.</u>	

3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Butcher</u>			4. DATE OF DEATH (Month) <u>8</u> (Day) <u>16</u> (Year) <u>49</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>1-30-53</u>		9. AGE (In years last birthday) <u>96</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (State or foreign country) <u>Monticello Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Alice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H. T. Molloy Calhoun Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Brought on by Chronic nephritis & diabetes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8</u> <u></u> <u></u> <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1949, to 8-16, 1949, that I last saw the deceased alive on 8-11, 1949, and that death occurred at 12 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>8-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Calhoun, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Aug 15-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No: 71

District File Number 7-49-1001

Date Filed 8-22-49

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
Student Embalmer

Signed *Frederick H. Harrison, Jr.*

Licensed Embalmer No. 4590

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.