

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0027285

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 881

FILED AUG 4 1966

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St Joseph	
Length of stay in 1b 7yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smith & Elk Sts.		d. STREET ADDRESS (If outside, give location) 117 W Elk	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Roy Middle Lee Last Butterfield			4. DATE OF DEATH July 25th, 1966		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 4, 1958	9. AGE (last birthday) 7	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) St. Joseph, Mo	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Dona Marie Butterfield	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Address Dona Marie Hughes St. Joseph, Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe multiple injuries		INTERVAL BETWEEN ONSET AND DEATH 24hr	
DUE TO (b) Car & bicycle accident		DUE TO (c)			

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Bicycle Struck by Car
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20c. TIME OF INJURY 745 a.m. 7/25/66	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) City street	20f. CITY, TOWN, OR LOCATION St Joseph	COUNTY Buchanan	STATE Mo
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21. I attended the deceased from 7/25/66 to 7/25/66 and last saw her alive on 7/25/66		Death occurred at 7:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE M. E. Grimes	(Degree or title) M.D.	22b. ADDRESS St Joseph Mo	22c. DATE SIGNED 7/28/66
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/28/66	23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	23d. LOCATION (City, town, or county) Savannah Missouri

24. FUNERAL DIRECTOR Rupp Funeral Home, St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. 7-29-66	26. REGISTRAR'S SIGNATURE Mary Valentine
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

M. E. Grimes Medical Certification

VS 300
Rev. 4/59
1 5/17
2 5/17
3
4 0
5 0
6
7 0
8 2
9 X
10
11 131
12 91-0
13 1-0

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 Daniel M. Wilson, Student Embalmer No. 792
working under my personal supervision.

Student

Daniel M. Wilson
Signature of Student Embalmer

Signed

John E. Rupp
Licensed Embalmer No. 3986

P. O. Address

St. Joseph

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.