

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 142

DO NOT WRITE ON THIS STUB

9. 0  
10a. 87  
10b.  
11. 0  
12. 1  
13. 4109  
14. 8  
15. 9  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4. 0425  
5. 2

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0425

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. George Albert Butcher 2. Male 3. June 11, 1968

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) AGE—(LAST BIRTHDAY) (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 87 5b. 6 5c. 28 6. Nov. 13, 1880 7a. Henry

CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Clinton 7c. Yes 7d. Wetzel Osteopathic Hosp.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Missouri 9. USA 10. Married 11. Della Emick Butcher

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 496 54 8906 T 13a. Retired Farmer 13b.

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. Mo. 14b. Henry 14c. Clinton 14d. Yes 14e. 217 W. GrandRiver St.

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Thomas B. Butcher 16. Eliza Nevins

INFORMANT

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Gladys L. Doll 17b. 1202 E. 19th Sedalia, Mo. 65301

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Acute Myocardial Infarction 5 min  
DUE TO, OR AS A CONSEQUENCE OF:

(b) Coronary Arteriosclerotic Heart Disease unk  
DUE TO, OR AS A CONSEQUENCE OF:

(c) Generalized Arteriosclerosis

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

adenoma of prostate

19a. AUTOPSY (YES OR NO) 19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19a. 19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e. 20f. 20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. DECEASED FROM 1959 TO June 6 11 1968 21c. 6 11 1968 21d. Did 21e. 6:05 PM

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. HOUR OF DEATH MONTH DAY YEAR HOUR M. 22b. June 11 1968 22c. 6:05 P M.

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DECOR OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. Carroll R. Wetzel 23b. Carroll R. Wetzel 23c. June 12, 1968

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23d. 105 E. Ohio Clinton Missouri 64735

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Englewood Cemetery 24c. Clinton, Mo.

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. June 13, 1968 24e. Vansant Funeral Home, Clinton, Mo. 64735

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25a. A. J. Vansant 25b. Murder Bigum 25c. June 13, 1968

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 H. J. Vansant

Licensed Embalmer No. 3799

P. O. Address Calinton, 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.

Permit Obtained 6-13-68