

50
220
v. No. 300
v. 10.48

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12908

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY OR TOWN DeSoto		c. CITY OR TOWN DeSoto	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS 314 North Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Joel b. (Middle) Elmer c. (Last) Butler Jr.			4. DATE OF DEATH (Month) (Day) (Year) April 14 1949		
5. SEX M U W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
8. DATE OF BIRTH Nov. 28 1882		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Days 4	
11. BIRTHPLACE (State or foreign country) DeSoto Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeSoto Mo.	

13a. FATHER'S NAME Joel A. Butler		13b. MOTHER'S MAIDEN NAME Alice McMullin		14. NAME OF HUSBAND OR WIFE Rose Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-01-1034		17. INFORMANT'S SIGNATURE OR NAME Rose Butler	
				ADDRESS DeSoto, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with myocardial infarction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis of coronary arteries DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 30 min. 8 months
---	--	--	--	--	---

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) (Min.)		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 Nov. 12, 1948, to April 14, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Donnell M.D.		23b. ADDRESS DeSoto, Mo.		23c. DATE SIGNED 4-16-49	
---	--	--------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 17, 1949		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) DeSoto Mo.	

DATE REC'D BY LOCAL REG. 4/23/49		REGISTRAR'S SIGNATURE Marie Farrar		25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) Thomas A. Donnell	
----------------------------------	--	------------------------------------	--	--	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 28 1949

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.

Signed *Samuel B. DeLaney*

Signed _____
Student Embalmer

Licensed Embalmer No. *4104*

P. O. Address *Defate No.*

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.