

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16609

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>257</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural, Liberty</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Liberty</u>		<u>0470</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. N. W. of Sabula</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. north west of Sabula</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clyde</u>		b. (Middle) <u>Merton</u>		c. (Last) <u>Butler</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>6</u>		(Year) <u>1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 24 1880</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR <u>5</u> Months		IF UNDER 12 HRS. <u>12</u> Hours		IF UNDER 15 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own machine shop</u>		11. BIRTHPLACE (State or foreign country) <u>Delta Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hiram Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Fay R. Butler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fay R. Butler, Glover Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>H10X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>April 1, 1950</u> to <u>May 6, 1950</u> , that I last saw the deceased alive on <u>May 1, 1950</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. W. Spitznack MD</u>				23b. ADDRESS <u>Centerville Mo.</u>		23c. DATE SIGNED <u>5/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lower Carver Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Glover Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 18, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ann Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Ironton Mo.</u>	

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

0470

JUL 20 1950

RECEIVED

APR 18 1950

HEALTH DEPARTMENT OFFICE No. 1

550-703

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 *Russell J. White*

Licensed Embalmer No. *3012*

P. O. Address *Dorchester, Mass.*

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.