

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17451

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Macon Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>208 Bul Ross Houston</u>	
c. LENGTH OF STAY (in this place) <u>35 days</u>		d. STREET ADDRESS (If rural, give location) <u>208 Bul Ross</u> <u>8420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still held certificate of this date.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Russell</u> c. (Last) <u>Butler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 - 1950</u>
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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>Feb 11 - 1914</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bakery Owner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Clyde Butler</u>	13b. MOTHER'S MAIDEN NAME <u>Etta Posey</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Sodge Butler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>496-05-1951</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Sinclair</u> ADDRESS <u>Macon Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>
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ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paranoid Psychosis</u>	DUE TO (c) _____

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____	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 Mar 29, 1950, to May 2, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Doyle D.O.</u> (Degree or title)	23b. ADDRESS <u>Macon Missouri</u>	23c. DATE SIGNED <u>May 2 - 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Houston, Texas</u>
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DATE REC'D BY LOCAL REG. <u>5/2/50</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	1950 GENERAL DIRECTOR'S SIGNATURE <u>Stephens Ed</u> ADDRESS <u>Macon Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-15-50
MACON COUNTY HEALTH DEPARTMENT
County File No. 5-59-112
Date Filed 5-19-50

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 *Charles L. Hutton*

Licensed Embalmer No. *457*

P. O. Address *Macon, 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.