

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32611

State File No.

FILED NOV 13 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1135

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph	c. LENGTH OF STAY (in this place) 40 years	c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 1117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3111 Felix St.		d. STREET ADDRESS (If rural, give location) 3111 Felix St. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Noan	b. (Middle) Edward	c. (Last) Butcher	4. DATE OF DEATH (Month) (Day) (Year) November 4, 1951
--	--------------------	-------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH December 27, 1885	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
-------------	------------------------	--	------------------------------------	------------------------------------	------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. salesman	10b. KIND OF BUSINESS OR INDUSTRY shoe Co.	11. BIRTHPLACE (State or foreign country) Penalosa, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME Jacob W. Butcher	13b. MOTHER'S MAIDEN NAME Virginia Bennett	14. NAME OF HUSBAND OR WIFE Verna Butcher
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME L. E. Butcher, 3236 Quincy Dr., Kansas City, Mo	ADDRESS
--	------------------------------	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarction		
	ANTECEDENT CAUSES DUE TO (b) Engorged Livers. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Probable C.I.A. Injury		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pericardial Effusion			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 136A	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) 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 8/10, 1949 to 11/4, 1951, that I last saw the deceased alive on 11/4, 1951, and that death occurred at 8:45A. m. from the causes and on the date stated above.

23a. SIGNATURE W. E. Fairbank (Deputy or Agent)	23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED 11/15/51
---	-----------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11/6/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	---------------------	--	--

DATE REC'D BY LOCAL REG. Nov. 8, 1951	REGISTRAR'S SIGNATURE Carl E. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brownman Funeral Home	ADDRESS St. Joseph, Mo.
---------------------------------------	--------------------------------------	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed James B. Hawkins

Licensed Embalmer No. 4531

P. O. Address 319 South 70th St

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.