

No. 300  
10.48

FILED JUL 2 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23464

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6248 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, give name before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richwoods</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richwoods</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frank Butler</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>M.</u> c. (Last) <u>Butler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28-52</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>April 24 1884</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tuff Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tuff Mining</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Frank Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Humphrey</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-14-2395</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Butler</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>345X</u>			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)		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 1/15, 1952 to 6/28, 1952 that I last saw the deceased alive on 6/27, 1952 and that death occurred at 5 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. E. Trimmer</u> (Degree or title)		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>6-28-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/1/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prospecty Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Dell, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/1/52</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Giddell</u> <u>40370</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherrill W. Child</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED**

JUL 1 1952

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

**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

*Sheswood W. Mitchell*

Licensed Embalmer No. 3873

P. O. Address H. Clark, Md.

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.