

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40035

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

10583

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bay</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Frisco Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Lenard</b> c. (Last) <b>Butler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 16 - 1952</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 3, 1897</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tel. Operator Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
11. BIRTHPLACE (State or foreign country) <b>Heflin, Ala.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>Harrison Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Rhodes</b>		14. NAME OF HUSBAND OR WIFE <b>Merkle</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Merkle Butler</b> ADDRESS <b>Bay, Ark.</b>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>July 51</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung c</b>		ANTECEDENT CAUSES <b>Metastatic carcinoma to neck</b>			
*This does not mean the mode of dying, such as heart failure, asthenia, 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. <b>c. vocal cord paralysis</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>Widowed, 12 May 52</b>		Conditions contributing to the death but not related to the disease or condition causing death. <b>Widowed 12 May 52</b>			

19a. DATE OF OPERATION <b>20 Sept 51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Lung</b>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>163X</b>	

22. I hereby certify that I attended the deceased from **July 1951**, to **16 Nov 1952**, that I last saw the deceased alive on **16 Nov 1952**, and that death occurred at **11:22 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gene W. Hollis M.D.</b>		23b. ADDRESS <b>4960 Leche</b>		23c. DATE SIGNED <b>16 Nov 52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Jonesboro, Ark.</b>	
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DATE REC'D BY LOCAL REG. <b>NOV. 18 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 9 1 1955

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 *Me*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*E. J. ...*

Licensed Embalmer No.

*4283*

P. O. Address

*St. Louis, Mo.*

Notes: 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.