

FILED AUG 2 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. **22112**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 826

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>St. Joseph</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>104 W. Elk St.</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>RAYMOND</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>BUTTERFIELD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>9-27-1910</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Constr. Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Walter F. Butterfield</u>	13b. MOTHER'S MAIDEN NAME <u>Huldia Smith</u>	14. NAME OF HUSBAND OR WIFE <u>None Mable</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY <u>491-09-3358</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Butterfield</u>		ADDRESS <u>102 E. Lake Blvd</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelonephritis</u> ANTECEDENT CAUSES <u>Uremia</u> DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) <u>Absent rt. kidney Acute urinary tract infection.</u>	
	II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death. <u>absent rt. kidney Acute urinary tract infection.</u>	

19a. DATE OF OPERATION <u>2-4-53:8-18-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Right Nephrectomy: Orchidectomy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 3-29-48, 1954, to 7-21-, 1954, that I last saw the deceased alive on 7-20-, 1954, and that death occurred at 9:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur W. Kelley MA</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Tootle Bldg. St. Joseph, Mo.</u>	23c. DATE SIGNED <u>7-22-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-23-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 26, 1954</u>	REGISTRAR'S SIGNATURE <u>Bethen M. Allison</u>	485- <u>Philo</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Philo</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 398

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.