

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29988

State File No.

FILED SEP 21 1954

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5759 Registrar's No. 23

0140

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Caldwell Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Caldwell Twp</u>	
c. LENGTH OF STAY (in this place) <u>23 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi N.E. New Bloomfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi N.E. New Bloomfield</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi N.E. New Bloomfield</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Butcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 54</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>Apr. 8-1880</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>5</u>	11. DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Form.</u>	
11. BIRTHPLACE (State or foreign country) <u>Sandy Hook Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles Butcher</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>Mauda Ellen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ishana Lee Butcher</u> ADDRESS <u>Colo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>abdominal apnea</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>After War of Swainson</u> 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	
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)		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 <u>8-13</u> to <u>8-13</u> , 19 <u>54</u> that I last saw the deceased alive on <u>8/13</u> , 19 <u>54</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. O. Keim</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Rt 6 Fulton Mo</u>	
23c. DATE SIGNED <u>8/15/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Sept 15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elston Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Elston Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hot Claypool</u> ADDRESS <u>39-0</u>	
DATE REC'D BY LOCAL REG. <u>Sept 14/54</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hot Claypool</u> ADDRESS <u>New Bloomfield</u>	

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.

Student
Student Embalmer

Signed

LeRoy Clapp

Licensed Embalmer No. *7412*

P. O. Address *New Blenheim 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.