

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30969

FILED SEP 27 1954

State File No.

BIRTH NO.		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY OR TOWN <u>Lone Jack</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High Grove Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>West part of Town</u> <u>7 out 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Butler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-1954</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>3-28-1873</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>8</u>		11. DAYS <u>8</u>		12. HOURS <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Freeman, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William L. Waller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rice</u>		14. NAME OF HUSBAND OR WIFE <u>Dasie Mae Butler</u>			
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 NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Goldie Perry Grand view Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocarditis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/221</u>					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 <u>9-12</u> , 19 <u>54</u> , to <u>9-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-15</u> , 19 <u>54</u> , and that death occurred at <u>9:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.L. West</u>				23b. ADDRESS <u>1101 Grandview Mo</u>		23c. DATE SIGNED <u>9-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-17-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg</u>		24d. LOCATION (City, town, or county) (State) <u>Strasburg, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-17-54</u>		REGISTRAR'S SIGNATURE <u>Perkins Goddard</u>		U.S. FUNERAL DIRECTOR'S SIGNATURE <u>Allen W. Brownfield</u>		ADDRESS <u>Plum Hill Mo</u>	

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

7000
1

Dr. Grant
P.O.
D.W. 5515

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 Raymond Bell, Student Embalmer No. 905 working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Allen W. Burroughs

Licensed Embalmer No. 379

P. O. Address Clarendon, Va.

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.