

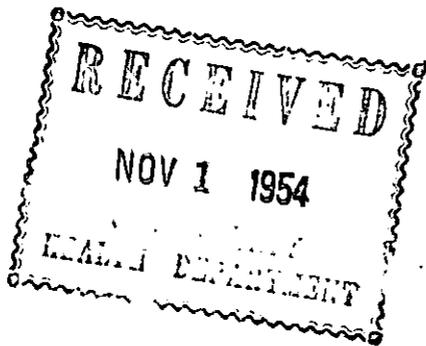
FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33297**BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5220** Registrar's No. **L70**

1. PLACE OF DEATH a. COUNTY CASS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CASS		
b. CITY OR TOWN MAHAR CITY, RURAL		c. LENGTH OF STAY (in this place) IN FLIGHT	c. CITY OR TOWN BELTON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0190
d. FULL NAME OF HOSPITAL OR INSTITUTION BROWN FARM - 21st - No. WEST			f. STREET ADDRESS (If rural, give location) GRAY GOOSE TRAILER PARK		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) LESTER c. (Last) BUTLER, JR.			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 24 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 23 1930	9. AGE (In years last birthday) 24	if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEMBER - AIR FORCE		10b. KIND OF BUSINESS OR INDUSTRY FIGHTER - INTERCONTINENTAL SQUADRON	11. BIRTHPLACE (City and State or Foreign Country) TULSA, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM LESTER BUTLER, SR.		13b. MOTHER'S, MAIDEN NAME Don't Know	14. NAME OF HUSBAND OR WIFE MRS. DONNIE COLLEEN BUTLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME MRS. DONNIE COLLEEN BUTLER ADDRESS GRAY GOOSE TRAILER, BELTON, MO.		
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) MULTIPLE EXTREME INJURIES		INTERVAL BETWEEN ONSET AND DEATH INSTANT
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) AIRPLANE CRASH		
			DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E860X 39		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Aircraft crash SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Brown Farm	21c. (CITY, TOWN OR TOWNSHIP) MAHAR CITY (COUNTY) 019 (STATE) MO.		
21d. TIME OF INJURY Oct 24, 1954 8p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? jet crash		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Sam B. Burger, 1LT, USAF(MC) (Degree or title)			23b. ADDRESS Grandview AFB, Mo.		23c. DATE SIGNED 10-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Oct 26 1954	24c. NAME OF CEMETERY OR CREMATORY Claremore Cem.	24d. LOCATION (City, town, or county) (State) CLAREMORE OKLAHOMA	
DATE REC'D BY LOCAL REG. Oct 26 1954		REGISTRAR'S SIGNATURE Dora Barwood	25. FUNERAL DIRECTOR'S SIGNATURE D.N. Newcomer ADDRESS 13313 SAUSH CREEK KANSAS CITY, MO.		

(Licensed Embalmer's Statement of 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas City*.....

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.