

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 20 1954

State File No.

0210
2

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5252 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural No. Twp.</u>		c. LENGTH OF STAY (to this place) <u>0-Hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cambridge</u>		0970
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4-Miles N.W. of Glasgow</u>			d. STREET ADDRESS (If rural, give locality) <u>Slater Mo R 7043</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Boya Thomas</u> b. (Middle) <u>Butler</u> c. (Last) <u>Butler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10th, 1954</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>Aug-30-1920</u>	9. AGE (In years last birthday) <u>34-7-10</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>William Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Thomas Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Iritsch</u>	14. NAME OF HUSBAND OR WIFE <u>Jessamine 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>494-12-3709</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jessamine Butler</u> ADDRESS <u>Slater 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>Drowned</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fell from boat</u> DUE TO (c) <u>in Big Chanton River</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E850X 38</u>		INTERVAL BETWEEN ONSET AND 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) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <u>Big Chanton River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo. Twp. Chanton 021 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 10th 1954 1230</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell from boat</u>			
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 <u>1230 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. D. Garnett Coroner of Chanton County, Mo.</u>		23b. ADDRESS <u>Key Twp. Mo.</u>		23c. DATE SIGNED <u>10/10/54</u>	
24a. HOSPITAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater Mo</u>		
DATE REC'D BY LOCAL REG. <u>10-18-54</u>	REGISTRAR'S SIGNATURE <u>Mildred Boone</u>	56-	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones</u> ADDRESS <u>Slater Mo</u>		

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

MAR 31 1940

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
Student Embalmer

Signed *James E Jones*

Licensed Embalmer No. *314*

P. O. Address *Statesville*

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.