

FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39932

State File No.

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6222 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Moundville</u>		c. CITY OR TOWN <u>Moundville</u>	
c. LENGTH OF STAY (in this place) <u>47 yrs.</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>Mo. Pacific Railroad tracks</u>		f. STREET ADDRESS (If rural, give location) <u>1080</u>	
3. NAME OF DECEASED a. (First) <u>Elbert</u> b. (Middle) <u>J.</u> c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-54</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>Dec. 15, 1884</u>	
9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
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></u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Winfield, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lee Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Davenport</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lula Butler</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>495-09-1490 A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edwison Butler son</u>		ADDRESS <u>Moundville 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>Crushed abdomen</u> ANTECEDENT CAUSES DUE TO (b) <u>Killed instantly when run over by Mo. Pacific train</u> DUE TO (c) <u>No. 795 Verdict of Coroner's jury</u> II. OTHER SIGNIFICANT CONDITIONS Mr. Elbert Butler, coming to Moundville, Mo. crossing over his body on Dec. 2, 1954, at Moundville, Mo. to our best belief, only one car and laboose passing over the body. we find no negligence on any part of crew of train.	
19a. DATE OF OPERATION <u>12-3-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>body. we find no negligence on any part of crew of train.</u>	
20a. ACCIDENT (Specify) <u>accident</u>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Moundville</u>	
20c. (CITY, TOWN, OR TOWNSHIP) <u>Vernon</u> (COUNTY) <u>108</u> (STATE) <u>MO</u>		20d. AUTOPSY <input checked="" type="checkbox"/> <u>785</u>	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u> m. <u></u>		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21c. HOW DID INJURY OCCUR? <u>killed instantly</u>		21d. <u>passer</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>6:50 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter D. Thurman, Coroner</u>		23b. ADDRESS <u>Nevada Missouri</u>	
23c. DATE SIGNED <u>12-3-54</u>		23d. <u>no</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-5-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Welborn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moundville MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 7 1954</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Ruth Galt</u> ADDRESS <u>Nevada Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

This man was not in automobile at time of death.

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 *A. H. Marmaduke*.....

Licensed Embalmer No. *207*.....

P. O. Address *Murdo, Pa.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.