

FILED FEB 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **509**  
Registrar's No. **7**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5278**

1. PLACE OF DEATH a. COUNTY <b>Cass</b> <i>0190</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> <i>0190</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Big Creek</b>		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>4 miles west Pleasant Hill</b>		e. STREET ADDRESS (If rural, give location) <b>4 miles W. Pleasant Hill</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Garfield</b> b. (Middle) <b>Clearence</b> c. (Last) <b>Butler</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-19-1955</b>
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5. SEX <b>male</b> <i>0</i>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b> <i>0</i>	8. DATE OF BIRTH <b>11-10-1872</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Pleasant Hill, Mo.</b> <i>0</i>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>
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13a. FATHER'S NAME <b>Ira Butler</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Cline</b>	14. NAME OF HUSBAND OR WIFE <b>7. NONE Butler Kansas Ci.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Claude Butler Kansas City, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cerebrovascular accident</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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) <b>331X</b>
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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?
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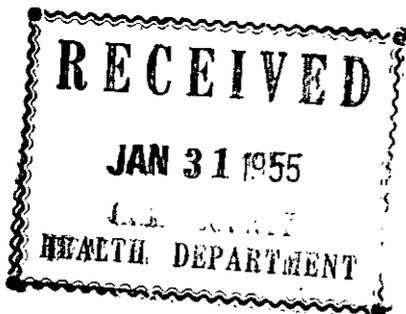
22. I hereby certify that I attended the deceased from **1-8-1955**, to **1-19-1955**, that I last saw the deceased alive on **1-19-1955**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clarence Butler M.D.</b> <i>0</i>	23b. ADDRESS <b>Pleasant Hill, Mo.</b>	23c. DATE SIGNED <b>1-21-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-22-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Baptist</b>	24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Jan 24, 1955</b> <b>Dora Barrow</b> <i>457-15</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Allen Beauford Pleasant Hill Mo</b>
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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 Byron J. Bell Student Embalmer No. 509 working under my personal supervision..

Student Byron J. Bell  
Signature of Student Embalmer

Signed Allen Brownfield  
Licensed Embalmer No. 378

P. O. Address St. Louis

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.