

FILED AUG 29 1955

## STANDARD CERTIFICATE OF DEATH

State File No. **25331**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **888**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Independence</b>	
c. LENGTH OF STAY (In this place) <b>1 wk</b>		d. STREET ADDRESS (If rural, give location) <b>6012 Woodson Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Charles L. Butcher</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 14, 1955</b>	
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>June 8, 1940</b>	
9. AGE (In years last birthday) <b>15</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles L. Butcher</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred Coil</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mildred Bastian</b>	
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.		ADDRESS <b>Independence, Mo.</b>	

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.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>7542.</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular Septal Defect, Congenital Birth</b>		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)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		22. I hereby certify that I attended the deceased from <u>Aug 12, 1955</u> to <u>Aug 14, 1955</u> , that I last saw the deceased alive on <u>Aug 14, 1955</u> , and that death occurred at <u>8:30A m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Martin H. Christ, M.D.</b>		23b. ADDRESS <b>6106 King Hill Ave St Joseph</b>	
23c. DATE SIGNED <b>Aug 16 1955</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Aug. 15, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fulton Funeral Home</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 15, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fulton Funeral Home</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 22, 1955</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alma</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

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Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \*\*\* ..... \*\*\*\*  
Student Embalmer

Signed *Robert C. Harrington*

Licensed Embalmer No. 3258 Mo. \_\_\_\_\_

P. O. Address St. Joseph, Missouri

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.