No. 300
10.48

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4444

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5454 Registrar's No. 146

039 3

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Republic (Pond Creek Township)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. w. on 166

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tenneesse
b. COUNTY: Shelby
c. CITY OR TOWN: Memphis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 994 Greenlaw 8410 8

3. NAME OF DECEASED (Type or Print)
a. (First): Stanley
b. (Middle): Hugh
c. (Last): Butts

4. DATE OF DEATH (Month) (Day) (Year): 2-11-1956

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 12-23-1929
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffer
10b. KIND OF BUSINESS OR INDUSTRY: Autotransit
11. BIRTHPLACE (City and State or Foreign Country): Memphis, Tenneesse
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unk.
13b. MOTHER'S MAIDEN NAME: Eugenia
14. NAME OF HUSBAND OR WIFE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 414-36-5536
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Personal Papers

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): Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Auto Accident
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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pondcreek 039 Greene Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 11, '56, 12:35A
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Three Car Collision

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased* ~~alive~~ *on* Dead 2-11, 1956, *and that death occurred at* 12:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Coroner 3
23b. ADDRESS: Springfield, Missouri
23c. DATE SIGNED: 2/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-13-1956
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Memphis, Tenneesse

DATE REC'D BY LOCAL REG.: 2-13-56
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Cantrell Fossett Republic, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 28 1956

MAR 6 1956

5-1110

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William D. Cantrell

Licensed Embalmer No. 482

P. O. Address Republ

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