

FILED APR 9 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **8084**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **375**

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.-STATE Missouri b. COUNTY Dekalb		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY OR TOWN Stewartsville		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 911 West Hyde Park Ave.			e. STREET ADDRESS (If rural, give location) 0 3221		
3. NAME OF DECEASED (Type or Print) a. (First) Lewis b. (Middle) Franklin c. (Last) Butler			4. DATE OF DEATH (Month) (Day) (Year) 4 / 2 / 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/9/1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk News-Press Plant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clarksdale Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Levi Butler		13b. MOTHER'S MAIDEN NAME Elizabeth Thornton		14. NAME OF HUSBAND OR WIFE Rittie Florence Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas L. Butler, 911 W. Hyde Pk. City			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 8 mos
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) Stewartsville, Mo. Dekalb Co. Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 21, 1956 , to April 2, 1956 , that I last saw the deceased alive on April 2, 1956 , and that death occurred at 11:10 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE E. J. Davis			23b. ADDRESS Stewartsville, Mo.		23c. DATE SIGNED 4/3/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/6/56	24c. NAME OF CEMETERY OR CREMATORY Thornton	24d. LOCATION (City, town, or county) (State) Dekalb Co. Mo.		
DATE REC'D BY LOCAL REG. Apr 4, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Summersfield		ADDRESS Stewartsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *W.E. Sumner*

Licensed Embalmer No. 3007

P. O. Address *Stewartville, Mo.*

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.