ealth,
Welfare
Public
Service

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1-56

FILED DEC 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36876
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 361

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 813 E. Jefferson — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Carl Middle: Last: Butler
4. DATE OF DEATH: Month 11 Day 26 Year 54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 12/3/1878
9. AGE (In years last birthday): 77 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Adair Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. W. Butler
14. MOTHER'S MAIDEN NAME: Fannie Waddill

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.: —
17. INFORMANT: Mrs. Carl Butler Address: Kirksville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — More than 8 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Carcinoma of Right Lower Lip 4200H
19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 21, 1948 to Oct. 26, 1956 and last saw ~~him~~ alive on 11/17/56
Death occurred at 4:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title): D.O.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 11/28/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-28-56
23c. NAME OF CEMETERY OR CREMATORY: Highland Park
23d. LOCATION (City, town, or county) (State): Kirksville Mo.

24. FUNERAL DIRECTOR: Davis & Davis ADDRESS: Kirksville, Mo
25. DATE RECD. BY LOCAL REG.: 11-30-56
26. REGISTRAR'S SIGNATURE: Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 42

P. O. Address Kirksvil

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.