

STANDARD CERTIFICATE OF DEATH

27259

STATE FILE NUMBER

FILED AUG 6 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 126

S. 300  
1-57

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1. PLACE OF DEATH a. COUNTY <b>VERNON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>BATES</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WASH. TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>RICH HILL</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>STATE HOSP-3</b>		Length of stay in lb <b>1 MONTH + 29 DAYS</b>	d. STREET ADDRESS <b>ROUTE 4</b>		(If outside, give location) <b>OUTSIDE</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>OWEN ARTHUR BUTLER</b>			4. DATE OF DEATH Month Day Year <b>JULY 19 1957</b>		
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT. 22 1894</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min. <b>8 24 / /</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>NORTH ENGLISH, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>OWEN BUTLER</b>		13b. MOTHER'S MAIDEN NAME <b>PETIBON</b>		14. NAME OF HUSBAND OR WIFE <b>LELA A. BUTLER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>445-03-5406</b>	17. INFORMANT Address <b>RECORDS STATE HOSP 3 NEVADA MO</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>GENERALIZED ARTERIO SCLEROSIS</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
DUE TO (c) <b>4500</b>					
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>CHRONIC BRAIN SYNDROME ASSOC. WITH SENILE BRAIN DIS EASE</b>					
20a. ACCIDENT SUICIDE HOMICIDE <b>None None</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>			
20c. TIME OF INJURY Hour Month, Day, Year <b>None</b>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	20f. CITY, TOWN, OR LOCATION <b>None</b>		COUNTY STATE
21. I attended the deceased from <b>MAY 22 1957</b> , to <b>JULY 19 57</b> and last saw her alive on <b>JULY 19 1957</b> Death occurred at <b>9 55 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Paul L Barone, M.D</b>			22b. ADDRESS <b>STATE HOSP 3 Nevada Mo</b>		22c. DATE SIGNED <b>JULY 19 1957</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>7/22/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS</b>		23d. LOCATION (City, town, or county) (State) <b>KATYAS CITY MO</b>	
24. FUNERAL DIRECTOR <b>Booth's</b>		ADDRESS <b>Rich Hill Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7-29-1957</b>		26. REGISTRAR'S SIGNATURE <b>Anna E. Furey</b>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 29 1958

JUN 18 1958

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 *John G. Underwood*  
Licensed Embalmer No. *3585*

P. O. Address. *Butler, Ma*

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.