

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018723

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 292 Primary Registration District No. Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marion Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Flemington</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give Institution) HOSPITAL OR INSTITUTION <b>Pleasant View Rest Home</b>		Length of stay in 1b <b>22 months</b>	
4. NAME OF DECEASED (Type or print) First <b>Jacob</b> Middle <b>W.</b> Last <b>Butler</b>		4. DATE OF DEATH Month <b>5</b> Day <b>25</b> Year <b>59</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10 20 78</b>
9. AGE (In years (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)) <b>80</b>		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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and state or country) <b>Polk County Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Thomas Butler</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Flint</b>		14. NAME OF HUSBAND OR WIFE <b>Lora Ann</b>	
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. <b>-</b>	17. INFORMANT Address <b>Mrs Orla Cooper Flemington, 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>acute heart failure</b> DUE TO (b) <b>chronic myocarditis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized arteriosclerosis 4221</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 <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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>May 11 59</b> to <b>May 25 59</b> and last saw her alive on <b>May 16, 59</b> Death occurred at <b>7:10 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D C McLean MD</b> (Degree or title)		22b. ADDRESS <b>Bellevue Mo</b>	
22c. DATE SIGNED <b>5/29/59</b>		23a. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>	
23b. DATE <b>5 27 59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Rondo Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Polk County Missouri</b>		24. FUNERAL DIRECTOR <b>Beckwith Funeral</b>	
25. DATE RECD. BY LOCAL REG. <b>May 29, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per Jewell Gordon</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *O. H. Beckwith* .....

Licensed Embalmer No. *3937* .....  
P. O. Address *Humanville, Va.* .....

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.