

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61=002638
STATE FILE NUMBER

Registration District No. 296 Primary Registration District No. 6077 4444 Registrar's No. 4

AMENDED
FILED VS FEB 14 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ray									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Camden		Length of stay in 1b 20 years		c. CITY OR TOWN Camden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence in Camden, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None listed		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last George H. Butler				4. DATE OF DEATH Month Day Year January 27, 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-12-1874		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer			10b. KIND OF BUSINESS OR INDUSTRY Grocer			11. BIRTHPLACE (City and state or country) Castleford, England			12. CITIZEN OF WHAT COUNTRY United States				
13a. FATHER'S NAME William Butler				13b. MOTHER'S MAIDEN NAME Ann Stroud				14. NAME OF HUSBAND OR WIFE Jennie Butler					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Jennie Butler, Camden, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia										INTERVAL BETWEEN ONSET AND DEATH Unknown			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis										Unknown			
DUE TO (c) Generalized arteriosclerosis										Unknown			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <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 Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1954 to death and last saw him alive on 1-18-61 Death occurred at 11:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE G. Craven (Degree or title)						22b. ADDRESS Richmond, Mo.			22c. DATE SIGNED 1-28-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-31-1961		23c. NAME OF CEMETERY OR CREMATORY Craven Cemetery				23d. LOCATION (City, town, or county) (State) Camden, Ray County, Missouri					
24. FUNERAL DIRECTOR ADDRESS Quest Life Funeral Home Richmond, Missouri				25. DATE RECD. BY LOCAL REG. 2/1-61		26. REGISTRAR'S SIGNATURE Helen J. Larkin							

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 *George Hill*

Licensed Embalmer No. 4066

P. O. Address *Reunion*

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.