

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

271-61-032269  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 271

AMENDED

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cole</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		Length of stay in 1b <b>14 Hours</b>		c. CITY OR TOWN <b>Jefferson City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>503 East High</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>KAREN ANN BUTLER</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>14</b> Year <b>1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-14-61</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months <b>14</b> Days <b>14</b>	IF UNDER 24 HR Hours <b>14</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>		11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo., UBA</b>		12. CITIZEN OF WHAT COUNTRY <b>UBA</b>
13a. FATHER'S NAME <b>Jerry Butler</b>			13b. MOTHER'S MAIDEN NAME <b>Doris Rueppel</b>			14. NAME OF HUSBAND OR WIFE <b>xx</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>xx</b>		16. SOCIAL SECURITY NO. <b>xx</b>		17. INFORMANT Address <b>Leslie Rueppel, Rolla, Missouri</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>Atelectasis of Lung, Neonatal</b>						INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <b>Premature Birth</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)						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 checked="" type="checkbox"/> NO <input 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 <b>7:30 P.M.</b> a.m. <b></b> p.m. <b></b>	Month, Day, Year <b></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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>Aug 14 1961</b> to <b>Aug 14 1961</b> and last saw her alive on <b>Aug 14 1961</b> Death occurred at <b>7:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Francis P. Mead M.D.</b>			22b. ADDRESS <b>Jeff. City, Mo.</b>			22c. DATE SIGNED <b>9/15/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 16, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial Gardens</b>		23d. LOCATION (City, town, or county) <b>Rolla, Missouri</b>			
24. FUNERAL DIRECTOR <b>Null &amp; Son Funeral Home..Rolla</b>			ADDRESS <b>Mo. 15 Sept. 1961</b>	25. DATE RECEIVED BY LOCAL REG. <b>9/15/61</b>			
				26. REGISTRAR'S SIGNATURE <b>R.P. Harris M.D. - Richter Dep</b>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Max Embalmer, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed S. L. Reed

Licensed Embalmer No. 3394

P. O. Address Rockville

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.