

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001322

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 5 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Harrison b. CITY Rural Grant Twp. Length of stay in lb 11 week c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION none Inside Limits Yes No [X] 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison c. CITY OR TOWN Bethany Inside Limits Yes [X] No [] d. STREET ADDRESS (if outside, give location) East Main Reside on Farm Yes No [X] 3. NAME OF DECEASED (Type or print) First Middle Last Andrew David Butcher 4. DATE OF DEATH Month Day Year January 14, 1962 5. SEX male 6. COLOR OR RACE white 7. Married [] Never Married [] Widowed [X] Divorced [] 8. DATE OF BIRTH 1-19-78 9. AGE (last birthday) 83 IF UNDER 1 YEAR Months 11 Days 25 IF UNDER 24 HR Hours Min. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY retired 11. BIRTHPLACE (City and state or country) Harrison County, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. 13a. FATHER'S NAME Henry Butcher 13b. MOTHER'S MAIDEN NAME Lydia Beals 14. NAME OF HUSBAND OR WIFE Rosa May 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 Ava Rhea Wheeler Bethany, Mo; Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerosis General DUE TO (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. [] Yes [] No [] Unknown 19. WAS AUTOPSY PERFORMED? YES [] NO [X] 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 1-14-1956 to Jan - 14-62 and last saw him alive on 12-15-1961 Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE W.A. Broyle M.D. 22b. ADDRESS Bethany, Mo. 22c. DATE SIGNED 1-16-62 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1-16-1962 23c. NAME OF CEMETERY OR CREMATORY Coffey 23d. LOCATION (City, town, or county) (State) Coffey, Mo. 25. DATE RECD. BY LOCAL REG. 1-16-1962 26. REGISTRAR'S SIGNATURE Ogella Masey M. B. Haas Bethany, Mo.

DATE AMENDED

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

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.