

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21257

State File No.

FILED JUN 28 1956

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 43

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY OR TOWN <u>California Pilot Grove</u> | | c. CITY OR TOWN <u>California</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) | | e. STREET ADDRESS (If rural, give location) <u>0681</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. | | | |

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| 3. NAME OF DECEASED (Type or Print): a. (First) <u>THEODORE</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>BUTCHER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1956</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 10 - 1899</u> | 9. AGE (In years last birthday) <u>57</u> | 10. <input type="checkbox"/> UNDER 1 YEAR 11. <input type="checkbox"/> 1 YEAR 12. <input type="checkbox"/> 2 YEARS 13. <input type="checkbox"/> 3 YEARS 14. <input type="checkbox"/> 4 YEARS 15. <input type="checkbox"/> 5 YEARS 16. <input type="checkbox"/> 6 YEARS 17. <input type="checkbox"/> 7 YEARS 18. <input type="checkbox"/> 8 YEARS 19. <input type="checkbox"/> 9 YEARS 20. <input type="checkbox"/> 10 YEARS 21. <input type="checkbox"/> 11 YEARS 22. <input type="checkbox"/> 12 YEARS 23. <input type="checkbox"/> 13 YEARS 24. <input type="checkbox"/> 14 YEARS 25. <input type="checkbox"/> 15 YEARS 26. <input type="checkbox"/> 16 YEARS 27. <input type="checkbox"/> 17 YEARS 28. <input type="checkbox"/> 18 YEARS 29. <input type="checkbox"/> 19 YEARS 30. <input type="checkbox"/> 20 YEARS 31. <input type="checkbox"/> 21 YEARS 32. <input type="checkbox"/> 22 YEARS 33. <input type="checkbox"/> 23 YEARS 34. <input type="checkbox"/> 24 YEARS 35. <input type="checkbox"/> 25 YEARS 36. <input type="checkbox"/> 26 YEARS 37. <input type="checkbox"/> 27 YEARS 38. <input type="checkbox"/> 28 YEARS 39. <input type="checkbox"/> 29 YEARS 40. <input type="checkbox"/> 30 YEARS 41. <input type="checkbox"/> 31 YEARS 42. <input type="checkbox"/> 32 YEARS 43. <input type="checkbox"/> 33 YEARS 44. <input type="checkbox"/> 34 YEARS 45. <input type="checkbox"/> 35 YEARS 46. <input type="checkbox"/> 36 YEARS 47. <input type="checkbox"/> 37 YEARS 48. <input type="checkbox"/> 38 YEARS 49. <input type="checkbox"/> 39 YEARS 50. <input type="checkbox"/> 40 YEARS 51. <input type="checkbox"/> 41 YEARS 52. <input type="checkbox"/> 42 YEARS 53. <input type="checkbox"/> 43 YEARS 54. <input type="checkbox"/> 44 YEARS 55. <input type="checkbox"/> 45 YEARS 56. <input type="checkbox"/> 46 YEARS 57. <input type="checkbox"/> 47 YEARS 58. <input type="checkbox"/> 48 YEARS 59. <input type="checkbox"/> 49 YEARS 60. <input type="checkbox"/> 50 YEARS 61. <input type="checkbox"/> 51 YEARS 62. <input type="checkbox"/> 52 YEARS 63. <input type="checkbox"/> 53 YEARS 64. <input type="checkbox"/> 54 YEARS 65. <input type="checkbox"/> 55 YEARS 66. <input type="checkbox"/> 56 YEARS 67. <input type="checkbox"/> 57 YEARS 68. <input type="checkbox"/> 58 YEARS 69. <input type="checkbox"/> 59 YEARS 70. <input type="checkbox"/> 60 YEARS 71. <input type="checkbox"/> 61 YEARS 72. <input type="checkbox"/> 62 YEARS 73. <input type="checkbox"/> 63 YEARS 74. <input type="checkbox"/> 64 YEARS 75. <input type="checkbox"/> 65 YEARS 76. <input type="checkbox"/> 66 YEARS 77. <input type="checkbox"/> 67 YEARS 78. <input type="checkbox"/> 68 YEARS 79. <input type="checkbox"/> 69 YEARS 80. <input type="checkbox"/> 70 YEARS 81. <input type="checkbox"/> 71 YEARS 82. <input type="checkbox"/> 72 YEARS 83. <input type="checkbox"/> 73 YEARS 84. <input type="checkbox"/> 74 YEARS 85. <input type="checkbox"/> 75 YEARS 86. <input type="checkbox"/> 76 YEARS 87. <input type="checkbox"/> 77 YEARS 88. <input type="checkbox"/> 78 YEARS 89. <input type="checkbox"/> 79 YEARS 90. <input type="checkbox"/> 80 YEARS 91. <input type="checkbox"/> 81 YEARS 92. <input type="checkbox"/> 82 YEARS 93. <input type="checkbox"/> 83 YEARS 94. <input type="checkbox"/> 84 YEARS 95. <input type="checkbox"/> 85 YEARS 96. <input type="checkbox"/> 86 YEARS 97. <input type="checkbox"/> 87 YEARS 98. <input type="checkbox"/> 88 YEARS 99. <input type="checkbox"/> 89 YEARS 100. <input type="checkbox"/> 90 YEARS 101. <input type="checkbox"/> 91 YEARS 102. <input type="checkbox"/> 92 YEARS 103. <input type="checkbox"/> 93 YEARS 104. <input type="checkbox"/> 94 YEARS 105. <input type="checkbox"/> 95 YEARS 106. <input type="checkbox"/> 96 YEARS 107. <input type="checkbox"/> 97 YEARS 108. <input type="checkbox"/> 98 YEARS 109. <input type="checkbox"/> 99 YEARS 110. <input type="checkbox"/> 100 YEARS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Geo. Butcher</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Peering</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mary Edith Butcher</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u> | | 16. SOCIAL SECURITY NO. <u>420-10-1618</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Edith Butcher</u> | | 18. ADDRESS <u>California Mo.</u> | | | |

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|---|--|---|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>less than 1 hr.</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4281</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Pilot Grove Moniteau Mo</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | |

22: I hereby certify that I attended the deceased from 6-7, 1956, to 6-14, 1956, that I last saw the deceased alive on 6-14, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|--|------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>R.S. Fuller M.D.</u> (Degree or title) | | 23b. ADDRESS <u>California, Mo</u> | | 23c. DATE SIGNED <u>6-18-56</u> | |
|--|--|------------------------------------|--|---------------------------------|--|

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|--|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>6-17-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Flag Spring Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>California Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> | | ADDRESS <u>California Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>6-18-56</u> | | REGISTRAR'S SIGNATURE <u>T. L. Popoyay</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Hugh E. Williams*.....
Licensed Embalmer No... *257*

P. O. Address *California*.....

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.