

FILED DEC 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. **40610**
Registrar's No. **5053**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 50 yrs.		d. STREET ADDRESS (If rural, give location) 5225 Mersington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5225 Mersington			

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) S. c. (Last) Button		4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 50	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 16 1876
9. AGE (In years last birthday) 74		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) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Phillipsburg, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Christian Brunner	13b. MOTHER'S MAIDEN NAME Hannah S. Buell	14. NAME OF HUSBAND OR WIFE Lewis F. Button
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. H. H. Countryman ADDRESS 5225 Mersington

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix		2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic involvement DUE TO (c) _____		1 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			17 1/2

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION None	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.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	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 Jan 1948, to Nov 30, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE D.M. Eubank (Degree or title) M.D.	23b. ADDRESS Raytown Mo	23c. DATE SIGNED 12-1-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/2/50	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) Phillipsburg, Kansas		(State) _____

DATE REC'D BY LOCAL REG. 12-1-50	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO. ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. B. M. Estford - Raytown, Mo.
76-1104 - 11 - Friday -

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
Student Embalmer

Signed Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address R. C., 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 this body is not embalmed, fact should be so stated above.