

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1953

State File No. **14078**
1758

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
a. STATE Mo b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Kansas City c. LENGTH OF STAY (in this place) unk

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN Kansas City 3028

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
547 1/2 Walnut

d. STREET ADDRESS (If rural, give location)
2 547 1/2 Walnut

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) Albert c. (Last) BUTLER 4. DATE OF DEATH (Month) (Day) (Year) 3-29-1953

5. SEX M

6. COLOR OR RACE Wh

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH 3-14-1898

9. AGE (In years last birthday) 55

IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
labor

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Treaport, Ill

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
unk

13b. MOTHER'S MAIDEN NAME
unk

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
yes WW #1

16. SOCIAL SECURITY NO. 399-05-8467

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Veterans Records LEMO

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
4500

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
no relatives

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. OWENS MD (Degree or title)

23b. ADDRESS 1134 Park St Bldg

23c. DATE SIGNED 3-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-2, 1953

24c. NAME OF CEMETERY OR CREMATORY National Cem.

24d. LOCATION (City, town, or county) (State) Fort Lawrence Kan

DATE REC'D BY LOCAL REG. 3-31-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE James Thomas

ADDRESS LEMO

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John R. Sidman

Signed.....

Student Embalmer

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, 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.