

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

35790

4833

FILED OCT 23 1953

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</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) <u>40 years</u> | | e. STREET ADDRESS (If rural, give location) <u>1114 North Walmond</u> <u>3048</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1114 North Walmond</u> | | f. STREET ADDRESS <u>1114 North Walmond</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LACY</u> b. (Middle) <u>M</u> c. (Last) <u>BUTNER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 7 1953</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>May 13 1869</u> |
| 9. AGE (In years last birthday) <u>84</u> | 10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Horse TRAINER</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | 13a. FATHER'S NAME <u>HARLEM BUTNER</u> | 13b. MOTHER'S MAIDEN NAME <u>NANCY BARTON</u> | 14. NAME OF HUSBAND OR WIFE <u>MARY Butner</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>X</u> <u>491-20-5576</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Butner 1114 North Walmond</u> | |
| 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) <u>Carcinoma of Stomach</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151*</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</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.) | 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 <u>9/28</u> , 19 <u>53</u> , to <u>10/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/6</u> , 19 <u>53</u> and that death occurred at <u>10/30</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>R. A. Williams</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>5400 St John Ave Kansas City Mo</u> | 23c. DATE SIGNED <u>10/7/53</u> |
| 24a. BURIAL, CREMATION (REMOVE) (Specify) <u>Burial</u> | 24b. DATE <u>10/9/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Clarene Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Clarene Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>10-8-53</u> | REGISTRAR'S SIGNATURE <u>Sheldene Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stika Funeral Home - 2315 Linwood</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Chas E. Wilks*.....

Licensed Embalmer No. *2644*

P. O. Address *Hanson's City*

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.