

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 191

1. PLACE OF DEATH
a. COUNTY JACKSON2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JACKSONb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY RURAL 4 YEARS
c. LENGTH OF STAY (in this place)

c. CITY OR TOWN KANSAS CITY

d. Is Residence within limits of a city or incorporated town? No Yes d. FULL NAME OF HOSPITAL OR INSTITUTION 9111 EAST 68TH STREET TERRACEe. STREET ADDRESS (If rural, give location) 9111 EAST 68TH STREET TERRACE3. NAME OF DECEASED
a. (First) JAMES b. (Middle) LAWRENCE c. (Last) BUTLER

4. DATE OF DEATH (Month) (Day) (Year) MAY 13, 1954

5. SEX MALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH JULY 2, 1893

9. AGE (In years last birthday) 60 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) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY CORPORATION OF MISSOURI

11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DENNIE BUTLER

13b. MOTHER'S MAIDEN NAME MARY C. NOLAN

14. NAME OF HUSBAND OR WIFE MARY BUTLER

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

16. SOCIAL SECURITY NO. 486-01-0866

17. INFORMANT'S SIGNATURE AND ADDRESS MRS. MARY BUTLER, 9111 EAST 68TH ST. TERRACE, KANSAS CITY, MISSOURI18. 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) Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Squamous cell Ca. of nose.INTERVAL BETWEEN ONSET AND DEATH
2 wks
10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4201 H

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1946 to 5-12, 1954 that I last saw the deceased alive on 5-13, 1954 and that death occurred at 2:22 P.M., from the causes and on the date stated above.

23a. SIGNATURE D. McEubank, M.D. (Doctor or title)

23b. ADDRESS Raytown, Mo

23c. DATE SIGNED 5-14-54

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

24b. DATE MAY 15, 1954

24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG MAY 15-54

REGISTRAR'S SIGNATURE James S. Craig 3-54

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. J. Newcome, 1351 BUSH CREEK BLVD., KANSAS CITY, MISSOURI

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 8 NOV

MAY 3 1955

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 *Pollio Kessel*

Licensed Embalmer No. 469

P. O. Address R. C. V

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.