

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

9016

BIRTH NO. 23489-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1100

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. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital				e. STREET ADDRESS (If rural, give location) 8009 Jarboe Street 3930							
3. NAME OF DECEASED (Type or Print) a. (First) Sherry			b. (Middle) Linn		c. (Last) Butler		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 11, 1956		9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 1	Hours 1	Min. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby			10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Raymond J. Butler				13b. MOTHER'S MAIDEN NAME Alice Dean Dennis			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) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond J. Butler, 8009 Jarboe, K.C. Mo.						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity, foetal atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Placenta Previa of mother DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Immaturity						INTERVAL BETWEEN ONSET AND DEATH 7625	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Russell W. Russell, M.D.				23b. ADDRESS St. Joseph's Hospital				23c. DATE SIGNED 12 March 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/13/1956		24c. NAME OF CEMETERY OR CREMATORY Mansfield Cemetery			24d. LOCATION (City/town, or county) (State) Mansfield, Missouri				
DATE REC'D BY LOCAL REG. 3-13-56			REGISTRAR'S SIGNATURE neva munsell			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Butler's Sons, Kansas City, Kansas					

(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.....


Licensed Embalmer No..... 3426

P. O. Address KansasCity 2,

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.