.300
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FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13629

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: Jackson Brooking
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lees Summit
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 71st. & Rickey Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackso n
c. CITY OR TOWN: Lees Summit
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 71st & Rickey Road 100%

3. NAME OF DECEASED (Type or Print)
a. (First): LLOYD
b. (Middle): T.
c. (Last): BUTNER

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Oct. 29 1919
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 5, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contracter
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (City and State or Foreign Country): Raytown, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13a. FATHER'S NAME: Lona Butner
13b. MOTHER'S MAIDEN NAME: Mary Vickers
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 496-07-3384
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Orville Butner Lees Summit, 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): Gun Shot Wound
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b): Head
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide ?
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 16-56 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: apparently shot himself

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 (Degree or title): [illegible] Deputy Coroner
23b. ADDRESS: 6627 Rosebelt Kansas
23c. DATE SIGNED: 4-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/17/56
24c. NAME OF CEMETERY OR CREMATORY: Lees Summit Cemetery
24d. LOCATION (City, town, or county) (State): Lees Summit, Mo.

DATE REC'D BY LOCAL REG.: 4-17-56
REGISTRAR'S SIGNATURE: James [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson L. Kepley
ADDRESS: Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Wilson L. Kepley.....

Licensed Embalmer No. 4225..

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.