

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31746**
Registrar's No. **3857**

FILED SEP 16 1957

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN MISSION	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) 5-DAYS		e. STREET ADDRESS (If rural, give location) 5706 RUSSELL	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle) L.	c. (Last) BUTLER, JR.	4. DATE OF DEATH (Month) (Day) (Year) AUGUST-15-1957
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG-12-1907	9. AGE (In years) (last birthday) 50	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) PURCHASING AGENT		10b. KIND OF BUSINESS OR INDUSTRY DARDY CORP		11. BIRTHPLACE (City and State or Foreign Country) JACKSONVILLE ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME O. J. BUTLER	13b. MOTHER'S MAIDEN NAME GRACE E. GORDLEY	14. NAME OF HUSBAND OR WIFE LUCILLE H. BUTLER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 304-09-8706	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille H. Butler	ADDRESS 5706 RUSSELL MISSION KANS.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ruve with mitral stenosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation		410x	

19a. DATE OF OPERATION 8/15/57	19b. MAJOR FINDINGS OF OPERATION Bronchoscopy only - obstruction left bronchus	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 **8-10-1957**, to **8-15-1957**, that I last saw the deceased alive on **8-15-1957**, and that death occurred at **12:30** m., from the causes and on the date stated above.

23a. SIGNATURE John H. Mayer Jr (Degree or title) M.D.	23b. ADDRESS 4620 J.C. Nichols Parkway	23c. DATE SIGNED 8/15/57
24a. MORTAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE AUG-17-1957	24c. NAME OF CEMETERY OR CREMATORY JOHNSON COUNTY MEM. CARRIERS. JOHNSON COUNTY KANSAS
DATE REC'D BY LOCAL REG. 8-17-57	REGISTRAR'S SIGNATURE neva murchall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS ADDRESS 1331 BAKER CREEK K.C., MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John H. Mayer Jr



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 *Raymond M. Hardy*.....
Licensed Embalmer No. *491*.....

P. O. Address *Indep., N.*.....

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.