

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018056

STATE FILE NUMBER
2395

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1.002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hosp.</i>		Length of stay in lb. <i>49 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>3819 Central</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Bessie</i> Middle <i>M.</i> Last <i>Button</i>			4. DATE OF DEATH Month <i>5</i> Day <i>11</i> Year <i>58</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 5, 1876</i>
9. AGE (In years last birthday) <i>81</i>		10. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Harrison Co, Iowa</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Robert H. Everett</i>	13b. MOTHER'S MAIDEN NAME <i>Mary C. Booth</i>
14. NAME OF HUSBAND OR WIFE <i>Wilbert A. Button</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>
17. INFORMANT <i>Robert C. Button - 3828 Genessee</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Head of Larynx</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Double Mallets, Cardiac Decompensation</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ g.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <i>2-7-52</i> to <i>5-11-58</i> and last saw her alive on <i>5-10-58</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank B. Leitz</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>1530 Prof. H. Leitz, M.D.</i>	
22c. DATE SIGNED <i>5-12-58</i>		23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>5-13-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mc. Washington Cera.</i>	
23d. LOCATION (City, town, or county) <i>Kansas City, Mo.</i>		23e. (State) _____	
24. FUNERAL DIRECTOR <i>Melody McTilly</i>		25. DATE RECD. BY LOCAL REG. <i>5-12-58</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		(Licensed Embalmer's Statement on Reverse Side)	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank B. Leitz

Dr. Frank E. L...
Prof. Body - 191-1...

12-5 PM

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 *John C. Peterson*

Licensed Embalmer No. *5025*
P. O. Address *Indep. Mo.*

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.