

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039244
STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 5431

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4516 N. Hardesty</u>		Length of stay in 1b <u>32 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>4516 N. Hardesty</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Almeqa Alice Butterbaugh</u>			4. DATE OF DEATH Month Day Year <u>November 13, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 7, 1880</u>		9. AGE (In years last birthday) <u>78</u> 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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Osceola, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Amos Gaylord</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy</u>		14. NAME OF HUSBAND OR WIFE <u>Roy E. Butterbaugh</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Roy E. Butterbaugh-4516 N. Hardesty K.C. Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized arteriosclerosis</u>		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4271</u>			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.) <u>2</u>		
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 <u>17 Dec. 1957</u> to <u>13 Nov. 1958</u> and last saw her ^{her} _{live} on <u>13 Nov. 1958</u> Death occurred at <u>3:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Donald M. Hayes</u> (Name or title) <u>D.O.</u>	22b. ADDRESS <u>2014 Swift, North Kansas City, Mo.</u>	22c. DATE SIGNED <u>11/14/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-17-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Gladstone, Missouri</u>
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons-N. Kansas City Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-17-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Donald Hagedorn

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 Kalsbach

Licensed Embalmer No. 4949

P. O. Address No. Kansas City, 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.