

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017636

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2087

100  
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH HOSPITAL		Length of stay in lb 5 YRS.	d. STREET ADDRESS 8900 THOMPSON
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle J. Last BUTKOVICH			4. DATE OF DEATH Month 4 Day 23 Year 59			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-12-17	9. AGE (In years last birthday) 42	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) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (City and state or country) Sugar Creek, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Tony Butkovich			13b. MOTHER'S MAIDEN NAME Anna Martusovich		14. NAME OF HUSBAND OR WIFE Sarah M Butkovich		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, but unknown) (If yes, give proper dates of service) no none		16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mrs Sarah M. Butkovich 8018 Address			

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>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Severe left hydronephrosis</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) 6018			19. WAS AUTOPSY - PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.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 Death occurred at		4/11/1959 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		4/23/59 and last saw him alive on		4/23-59	

22a. SIGNATURE (Dee or title) Morton G. Creditor M.D.			22b. ADDRESS Kansas City, Mo.			22c. DATE SIGNED 4-27-59	
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23a. BUREAU OF CREMATION, (LOCAL REG. NO.)		23b. DATE April 27/59		23c. NAME OF CEMETERY OR CREMATORY St James Cem		23d. LOCATION (City, town, or county) (State) Kansas City, Mo	
24. FUNERAL DIRECTOR Geo Clauson, 5th St				25. DATE RECD. BY LOCAL REG. 4-27-59		26. REGISTRAR'S SIGNATURE new Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Morton G. Creditor

ALL CHARGES IN PART I MUST BE CAUSALLY RELATED.

P.C.

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 Wm. G. Cantrell Student Embalmer No. 506

working under my personal supervision.

Student Wm. G. Cantrell  
Signature of Student Embalmer

Signed Raymond P. Stoen  
Licensed Embalmer No. 4266  
P. O. Address Independence

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.