

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024481

FILED JUL 16 1959

Registration District No. 21 Primary Registration District No. 3012 Registrar's No. 60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CLAY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EXCELSIOR SPRINGS</u> Length of stay in 1b <u>1 DAY</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>EXCELSIOR HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>416 BENTON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN WESLEY BUTLER</u> 4. DATE OF DEATH Month Day Year <u>JUNE 25 1959</u>				5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>11-10-1897</u> 9. AGE (last birthday) <u>61</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIVESTOCK DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>RICHMOND, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>WESLEY BUTLER</u>			13b. MOTHER'S MAIDEN NAME <u>ADELINE HALSEY</u>		14. NAME OF HUSBAND OR WIFE <u>LULA REYNOLDS</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 <u>MRS LULA BUTLER EX. SPRGS, MO</u> Address <u>416 BENTON</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>Cardiac decompensation acute 6hr</u> DUE TO (b) <u>Cirrhosis of liver & ascites</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>Scleroderma, diabetes mellitus</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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>25 June 59</u> to <u>25 June 59</u> and last saw ^{her} him alive on <u>25 June 59</u> Death occurred at <u>6:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>George E. Sanders M.D.</u>				22b. ADDRESS <u>Excelsior Springs, Mo.</u>		22c. DATE SIGNED <u>6-29-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-30-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope</u>		23d. LOCATION (City, town, or county) (State) <u>Richmond Missouri</u>		
24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u>			25. DATE RECD. BY LOCAL REG. <u>7/1/59</u>		26. REGISTRAR'S SIGNATURE <u>Barlene Hutchings</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lindell Roman

Licensed Embalmer No. 4589
P. O. Address Excelsior Springs, Mo.

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

