

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029445

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 384 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sugar Creek</u>		c. CITY OR TOWN <u>Sugar Creek</u>	
Length of stay in 1b <u>23 1/2</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11005 Paul</u>		d. STREET ADDRESS (If outside, give location) <u>11005 Paul</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Oliver</u> Last <u>Butts</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>17</u> Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</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>12-26-1892</u>	9. AGE (last birthday) <u>66</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<u>Butts Mfg. Co. laborer</u>		<u>laborer</u>		<u>Osceola, Missouri</u>		<u>USA</u>	
13a. FATHER'S NAME <u>John Daniel Butts</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Butts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>492-14466</u>		17. INFORMANT <u>Josephine Butts Paul st.</u> Address <u>1005</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Carcinoma stomach with</u>			<u>10 mo</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>liver metastatic</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)			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 Oct. 58 to Aug 16, 1959 and last saw him alive on Aug 16, 1959
Death occurred at 3:30 Pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Paul F. Bachman MD</u> (degree or title)		22b. ADDRESS <u>Indep. Mo.</u>		22c. DATE SIGNED <u>8-18-59</u>	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Funeral</u>	<u>Aug 19/59</u>	<u>Mount Love</u>		<u>Indep. Mo.</u>	
24. EMBALMER DIRECTOR <u>Poland R. Speaks</u> ADDRESS <u>Indep. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-19-59</u>	26. REGISTRAR'S SIGNATURE <u>Lamar H. King</u>		

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

8931 91 1951

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 Reeie Fessel

Licensed Embalmer No. 4690

P. O. Address Indep.

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