

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032716

FILED VS SEP 22 1959 146

Primary Registration District No. 5-5-68 Registrar's No. 401

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SUGAR CREEK		c. CITY OR TOWN SUGAR CREEK	
Length of stay in 1b 12 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 217 So. CLAREMONT		d. STREET ADDRESS (If outside, give location) 217 So. CLAREMONT	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Thomas Marion Butner			4. DATE OF DEATH Month Day Year Sept. 10 1959			
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/19/03	9. AGE (last birthday) 56	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 when if retired) FORM SETTER		10b. KIND OF BUSINESS OR INDUSTRY Const.		11. BIRTHPLACE (City and state or country) Highland, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Albert Sidney Butner		13b. MOTHER'S MAIDEN NAME Laura O. Ayers		14. NAME OF HUSBAND OR WIFE Lois Lee Butner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 486-07-6510		17. INFORMANT Address Thomas M. Butner, 215 So. Claremont		

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 5/3/59
IMMEDIATE CAUSE (a) Carcinoma of lung		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) generalized metastases to		
DUE TO (c) hips & other parts of body		
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 Month, Day, Year p.m.			
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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred W. Hink MD		22b. ADDRESS 10229 Judy Oak Ct mo	22c. DATE SIGNED 9-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Sept. 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) (State) Highland, Kansas

24. FUNERAL DIRECTOR Kepley-Hinton	ADDRESS Raytown, Mo.	25. DATE RECD. BY LOCAL REG. 9-14-59	26. REGISTRAR'S SIGNATURE James Lewis
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 24 1956

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 John R. Sidman
Licensed Embalmer No. 453
P. O. Address Kansas

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.