MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026992

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3775 STATE FILE NUMBER

FILED AUG 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2 3 2 0 8			
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BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 57 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6203 E 10th St — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 6203 E 10th St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CECIL Middle Hugh Last BUTLER
4. DATE OF DEATH: Month July Day 19 Year 1962
5. SEX: Male
6. COLOR OR RACE: white
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-2-1890
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Star Carrier
10b. KIND OF BUSINESS OR INDUSTRY: K. C. Star
11. BIRTHPLACE (City and state or country): Yates Center, Kans
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William B. Butler
13b. MOTHER'S MAIDEN NAME: Annie E. Naylor
14. NAME OF HUSBAND OR WIFE: Mrs. Martha E. Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT: Earl Neece, Address: 1322 Ewing, K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Failure — Interval between onset and death: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Embolic Pulmonary infarction — Immediate
DUE TO (c) Thrombosis Lower Extremity due to fall — 4-5 days
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 1-20-58 to 7-19-62 and last saw him alive on 7-19-62
Death occurred at 6 00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

M. C. Courtney

22a. SIGNATURE (Degree or title) M. C. Courtney M.D.
22b. ADDRESS 6235 Truman Rd. KC 26 Mo.
22c. DATE SIGNED 7-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-21-1962
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc ~~Blue Ridge & Gregory~~ ADDRESS
25. DATE RECD. BY LOCAL REG. 7-20-62
26. REGISTRAR'S SIGNATURE Ruth A Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. Myrad C Costray
6235 Truman Rd
Bel-5576
Kan

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 Thomas A. Sheil

Licensed Embalmer No. 4954

P. O. Address K. C. 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.