

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19817
State File No. 2333

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2333

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>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Children's Mercy Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sharon</u> b. (Middle) <u>Jane</u> c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>March 21, 1938</u>
9. AGE (In years last birthday) <u>11 yrs</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Boyd Butler</u>	13b. MOTHER'S MAIDEN NAME (See) <u>Caddy Butler Crabtree</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Woodrow Crabtree</u> ADDRESS <u>727 Harrison</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Edema</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhagic nephritis</u> DUE TO (c) <u>So</u> II. OTHER SIGNIFICANT CONDITIONS (e) <u>Burns</u> <u>Eggs</u> <u>110</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster</u> <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 4 1949</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Coal oil can burn</u> <u>5'</u>	
22. I hereby certify that I attended the deceased from <u>May 4</u> , 1949, to <u>May 28</u> , 1949, and that death occurred at <u>5:12 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. H. Schmidt</u> (Print name and title)		23b. ADDRESS <u>Mary Hospital</u>	23c. DATE SIGNED <u>28 May 1949</u>
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>5-30-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Knobnoster</u> <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>5-29-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Wagner</u> ADDRESS <u>K. C. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Alvin R. Havenschele

Licensed Embalmer No. 4159

P. O. Address Kansas City

• 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 this body is not embalmed, fact should be so stated above.