No. 300
10.48

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

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29726

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 121

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Mt Pleasant 0140
d. STREET ADDRESS (If rural, give location): 1/4 mile west Belton

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): FRANCIS
c. (Last): BUTLER

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 10/22/1866
9. AGE (In years last birthday): 84
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Livestock
11. BIRTHPLACE (State or foreign country): New York, N. Y. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James J. Butler
13b. MOTHER'S MAIDEN NAME: Mary Margaret ?
14. NAME OF HUSBAND OR WIFE: Pearl 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.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John Butler
ADDRESS: Belton, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CORONARY OCCLUSIONS, SUBACUTE — INTERVAL BETWEEN ONSET AND DEATH: 3 WKS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY ARTERIOSCLEROSIS, CHRONIC, SEVERE — 1 YR.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
MYOCARDITIS, CHRONIC, SEVERE, WITH CARDIAC HYPERTROPHY — 3 YRS.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): HARRISONVILLE, CASS, MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NONE

22. *I hereby certify that I attended the deceased from* June 15, 1947, *to* Sept. 29, 1951, *that I last saw the deceased alive on* Sept. 29, 1951, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Herbert A. Tracy (Degree or title) M.D.
23b. ADDRESS: Belton, Mo.
23c. DATE SIGNED: 9/30/1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/2/1951
24c. NAME OF CEMETERY OR CREMATORY: Belton Cemetery
24d. LOCATION (City, town, or county) (State): Cass Co., Mo.

DATE REC'D BY LOCAL REG.: Oct 1, 1951
REGISTRAR'S SIGNATURE: Nora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE: E. K. George & Sons
ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 6 1951
CASS COUNTY
HEALTH DEPARTMENT

FEB 5 1958

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Richard E. George

Signed.....
Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Belton, 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 this body is not embalmed, fact should be so stated above.