

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8663

FILED APR 8 1952

2485

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 9026 Registrar's No. 136

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, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>0485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 South Crysler</u>		d. STREET ADDRESS (If rural, give location) <u>103 South Crysler</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jay</u> b. (Middle) <u>Henry</u> c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 23, 1883</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>	11. BIRTHPLACE (State or foreign country) <u>Minneola, Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Nathan S. Butler</u>	
13b. MOTHER'S MAIDEN NAME <u>Ella Watson</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu F. Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>508-12-2502</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lulu Butler</u>		ADDRESS <u>Indep. Mo</u>	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic cardio vascular disease</u> Years <u>Years</u> ANTECEDENT CAUSES <u>Hypoparathyroidism</u> Years <u>Years</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>2711</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>45</u> , to <u>3/28/</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/28/</u> , 19 <u>52</u> , and that death occurred at <u>11:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Vance E. Lusk, M.D.</u>		23b. ADDRESS <u>Independence, Mo</u>	
23c. DATE SIGNED <u>3/29/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 31, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-30-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Independence, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 REED

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 _____

Raymond M. Hardy

Student Embalmer No. *457*

working under my personal supervision.

Student *Raymond M. Hardy*
Student Embalmer

Signed *Roland P. Spinks*
Licensed Embalmer No. *3604*

P. O. Address *Indep. 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.