

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **21506**

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2808

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town or TOWN) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>1 year</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shea Nursing Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>142 No. Lawn</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Belle</u> c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7, 1869</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>26</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Darlington, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Epaphras Garman</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Leland 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R.M. Bartlett</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 Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis generalized</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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>5-29</u> , 1953, to <u>6-3</u> , 1953, that I last saw the deceased alive on <u>6-1</u> , 1953, and that death occurred at <u>11:50A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. Haight</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3401 E 12th Km</u>	
23c. DATE SIGNED <u>6-3-53</u>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Grace Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>De Ridder, La.</u>	
DATE REC'D BY LOCAL REG. <u>6-4-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>FAAR & SONS</u>	
		ADDRESS <u>4131 Thomas Re. K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 9 1955

MAY 7 1954

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 William H. Egan

Licensed Embalmer No. 4728

P. O. Address N.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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