

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

157 021469
STATE FILE NUMBER
3026 Registrar's No. 248

FILED JUN 20 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 900 West White Oak.		Length of stay in 1b 10 Yrs.	d. STREET ADDRESS (If outside, give location) 900 West White Oak
3. NAME OF DECEASED (Type or print) First Mina Middle Butske Last Butske		4. DATE OF DEATH Month June Day 7 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (In years last birthday) 86
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Johann Rutshke		13b. MOTHER'S MAIDEN NAME Ida Moderow	14. NAME OF HUSBAND OR WIFE Frank Butske
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, None known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Margarite Baker, 900 W. White Oak.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting Aneurysm of Aorta			INTERVAL BETWEEN ONSET AND DEATH 26 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Disease of Aorta			
DUE TO (c) 8 Years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 451X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May 18, 1957 to June 8, 1957 and last saw her alive on May 23, 1957 Death occurred at 1 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Shelton Drake, M.D.		22b. ADDRESS Independence, Mo.	22c. DATE SIGNED 6/15
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/9/57	23c. NAME OF CEMETERY OR CREMATORY Inglewood Park Cemetery	23d. LOCATION (City, town, or county) (State) Inglewood, California.
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 6-9-57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

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 C. Ray Lunderback, Student Embalmer No. 535 working under my personal supervision.

Student C. Ray Lunderback
Signature of Student Embalmer

Signed Harold E. Koalke

Licensed Embalmer No. 4609
P. O. Address Indef. M.

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.