t. Health,
, & Welfare
S. Public
lth Service

.S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in the specific manner required by 193.140 MoRS 1949. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harold A. Budke

FILED DEC 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44292

STATE FILE NUMBER 5712

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Savoy Hotel — Length of stay in 1b: 37 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 219 W. 9th — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Frank Middle JAMES Last COURTNEY

4. DATE OF DEATH Month 12 Day 2 Year 57

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Aug 9, 1883

9. AGE (In years last birthday) 74

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator

10b. KIND OF BUSINESS OR INDUSTRY Western Type Co.

11. BIRTHPLACE (City and state or country) Oswego, Kans.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James M. Courtney

14. MOTHER'S MAIDEN NAME Anna Redick

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. 487-05-2654

17. INFORMANT Address: Mrs. Jessie Ann Law, 4417 Indep. Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — Interval between onset and death: 12 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Generalized — 15 yrs
DUE TO (c) Prostatic Hypertrophy — 10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Myocarditis Hypertrophy 5 yrs.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None

20c. TIME OF INJURY Hour a. m. p. m. None — Month, Day, Year None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 1948, to 12-2-57 and last saw ~~her~~ him alive on 11/29/57
Death occurred at 11 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold A. Budke (Degree or title) M.D.

22b. ADDRESS 1019 Argyle Bldg.

22c. DATE SIGNED 12-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-4-1957

23c. NAME OF CEMETERY OR CREMATORY Forest Hill

23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR C.H. Blackman & Son Inc. K.C., Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG. 12-3-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Dr. Burke
Argyle Bldg

KP 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Burke

Licensed Embalmer No. 48.

P. O. Address N.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.