

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039852  
STATE FILE NUMBER  
5336

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5336

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City 8150</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		Length of stay in 1b <b>1 MONTH</b>	d. STREET ADDRESS (If outside, give location) <b>3007 North 10th Blvd</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Ben</b> Middle <b>ARTHUR</b> Last <b>Butler</b>			4. DATE OF DEATH Month <b>November</b> Day <b>9th</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-9-91</b>	9. AGE (In years) <b>67</b> (at birthday)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASSISTANT VICE PRESIDENT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>N.C. CO. UNION NATIONAL BANK</b>	11. BIRTHPLACE (City and state or country) <b>ARCADIA, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN BUTLER</b>	13b. MOTHER'S MAIDEN NAME <b>CAROLYN GOLD</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. LILLIE MAE BUTLER</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>496-16-8228</b>	17. INFORMANT <b>MRS. LILLIE MAE BUTLER</b>	Address <b>3007 NO. 10TH BLVD. KANSAS CITY, KAN.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarct</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Thrombosis of coronary art.</b>	<b>3 weeks</b>
	DUE TO (c) <b>Severe coronary atherosclerosis</b>	<b>1 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Essential Hypertension</b>		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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>KANSAS CITY</b>	COUNTY <b>MO.</b>	STATE <b>KANSAS</b>
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21. I attended the deceased from <b>Nov. 1955</b> to <b>Nov 9, 1958</b> and last saw <sup>him</sup> alive on <b>Nov 9, 1958</b> Death occurred at <b>1:55 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Jack W. Wolf M.D.</b>	(Degree or title)	22b. ADDRESS <b>409 E. 63 St. Kansas City, Mo.</b>	22c. DATE SIGNED <b>11/10/58</b>
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23a. BURLIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Nov. 12, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY KANSAS</b>
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24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>11-11-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
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(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

Jack W. Wolf

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 .....  
Signature of Student Embalmer

Signature *Harold B. Cattermole*

Licensed Embalmer No. *3035*

P. O. Address *La. C. 21*

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.