

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005463

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

900

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FRANK PAUL LAURENCE AND BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <i>St. Mary's Home</i>		Length of stay in lb <i>38 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>1441 Indep. Ave</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>JAMES</i> Middle <i>BUTTREY</i> Last <i>BUTTREY</i>		4. DATE OF DEATH Month <i>2</i> Day <i>16</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>2-9-1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cheer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>	11. BIRTHPLACE (City and state or country) <i>Ill.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>---</i>	
13b. MOTHER'S MAIDEN NAME <i>---</i>		14. NAME OF HUSBAND OR WIFE <i>---</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>496-01-6914</i>	17. INFORMANT <i>Melle Williams</i> Address <i>Parkville, Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>---</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>---</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 years</i> <i>4 years</i>
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.) <i>---</i>	
20c. TIME OF INJURY Hour <i>---</i> Month <i>---</i> Day <i>---</i> Year <i>---</i> a.m. <i>---</i> p.m. <i>---</i>		20d. INJURY OCCURRED WHILE AT WORK <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.) <i>---</i>		20f. CITY, TOWN, OR LOCATION COUNTY <i>---</i> STATE <i>---</i>	
21. I attended the deceased from <i>12-1-58</i> to <i>2-16-59</i> and last saw her alive on <i>2-16-59</i> Death occurred at <i>9:10 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank Paul Laurence</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>428 S. White Ave</i>	22c. DATE SIGNED <i>2-16-59</i>
23a. MANNER OF CREMATION (Specify)	23b. DATE <i>2-19-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>East Hope Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Parkville, MO</i>
24. FUNERAL DIRECTOR <i>Laurentino Bros</i> ADDRESS <i>LC MO</i>		25. DATE RECD. BY LOCAL REG. <i>2-17-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

Dr. Livingston
Aug. 2-12-1954 9 12 PM

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

Signed *Samuel Passantino*

Licensed Embalmer No. *4554*

P. O. Address *Ke 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.