THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021250

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 2579

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3914 East 19th. St. — Length of stay in lb 33 yrs.	d. STREET ADDRESS (If outside, give location) 3914 East 19th. St. — Reside on Farm Yes [ ] No [X]

238

3. NAME OF DECEASED (Type or print) First Jessie Middle Last Butler		4. DATE OF DEATH Month Day Year May 23, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]	8. DATE OF BIRTH May 9, 1882
9. AGE (In years last birthday) 77	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -------	11. BIRTHPLACE (City and state or country) Stanberry, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Francis Shaw	13b. MOTHER'S MAIDEN NAME Mary E. Reed	14. NAME OF HUSBAND OR WIFE Ben Butler	
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. none	17. INFORMANT Kermit Butler Address 3914 E. 19th. K. C., Mo.	

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) Bronchiectasis, Chronic — INTERVAL BETWEEN ONSET AND DEATH 15-20 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Severe malnutrition — Several years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 526X

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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 1955, to 5-23-1959 and last saw her/him alive on May 9th 1959

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bernard L. Mullins MD	22b. ADDRESS 1806 Swift St. No KC16 Mo	22c. DATE SIGNED 5-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/25/59	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K.C., Mo.	25. DATE RECD. BY LOCAL REG. 5-25-59	26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Bernard L. Mullins

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed James W. Earp

Licensed Embalmer No. 4622

P. O. Address K.C., Mo.

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