

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960

-60-026757

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3572 STATE FILE NUMBER

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 Kansas City		Length of stay in lb 22 YEARS	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1803 West 41st Street		
3. NAME OF DECEASED (Type or print) First Albert Middle Ray Last Butt			4. DATE OF DEATH Month July Day 7 , Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH FEB. 24, 1901	9. AGE (last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY WABASH R.R.		11. BIRTHPLACE (City and state or country) STANBERRY, MISSOURI	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME JOHN BUTT		13b. MOTHER'S MAIDEN NAME MARY SWEARINGEN		14. NAME OF HUSBAND OR WIFE Edith Butt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. EDITH BUTT Address 1803 WEST 41ST STREET KANSAS CITY, MISSOURI			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hrs over 4 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. Month, Day, Year _____	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Mo		
21. I attended the deceased from July 1, 1956 to July 7, 1960 and last saw him alive on July 7, 1960 Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge from the causes stated.						
22a. SIGNATURE F. Stanley Morest, M.D. (Degree or title)			22b. ADDRESS 4620 Nichols Parkway		22c. DATE SIGNED 7/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 9, 1960	23c. NAME OF CEMETERY OR CREMATORY HIGH RIDGE CEMETERY		23d. LOCATION (City, town, or county) (State) STANBERRY MISSOURI		
24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS 1331 BRUSH CREEK Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 7-10-60	26. REGISTRAR'S SIGNATURE Neva Minshall		

DOCUMENT

F. Stanley Morest, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address Kansas

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.