

FILED VS SEP 26 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-034672
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002 4626</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>SHAWNEE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>TOPEKA 8150</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>				e. STREET ADDRESS (If rural, give location) <u>530 KELLAM</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>Butler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 8 60</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>5/12/1986</u>	
9. AGE (in years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bakery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bakery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Bldg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Butler</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Healey</u>		14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WVI ARMY</u>		16. SOCIAL SECURITY NO. <u>509-03-3151</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thos. J. Butler 1124 MADISON TOPEKA KS</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MALNUTRITION</u>					
		DUE TO (c) <u>AVITAMINOSIS</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>286.7</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 1959</u> , to <u>Sept 8</u> , 1960, that I last saw the deceased alive on <u>Sept 7</u> , 1960, and that death occurred at <u>1:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Schwab</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Grandview, Mo</u>		23c. DATE SIGNED <u>9-8-60</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Re</u>		24b. DATE <u>9-10-60</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt CALVARY Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>TOPEKA, KS</u>	
DATE REC'D BY LOCAL REG. <u>9-10-60</u>		REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. A. Butler's Son</u>		ADDRESS <u>K.C.K.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. D. Schwab

VS SEP 26 1960

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 *Russell W Dennis*.....

Licensed Embalmer No. *3462*.....

P. O. Address *KCR*.....

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.