

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

6550

-61-044543

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

AMENDED

INSTEAD OF

2/13/62

White DOCUMENT

MEDICAL CERTIFICATION

Negro

6 BY AFFIDAVIT OF

Funeral Director Tillman

FILED JAN 15 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		a. STATE MISSOURI b. COUNTY JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		Length of stay in hospital 37 days 6 Hours		c. CITY OR TOWN KANSAS CITY, MO.	
3. NAME OF DECEASED (Type or print) First Middle Last		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1004 INDEPENDENCE AVE	
JOHN H. BUTLER		4. DATE OF DEATH Month Day Year		DEC 27, 1961	
5. SEX MALE	6. COLOR OR RACE Black	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12/5/08	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY JANITOR		11. BIRTHPLACE (City and state or country) KEYTESVILLE, MO.	
13a. FATHER'S NAME DENNIS BUTLER		13b. MOTHER'S MAIDEN NAME MARY ALICE SCOTT		14. NAME OF HUSBAND OR WIFE X WIFE ALMA BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 2/25/43 to 10/15/45		16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address VA HOSPITAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchial Pneumonia, severe.					
DUE TO (b) Cirrhosis of liver, severe.					
DUE TO (c) _____					
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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
21. Attended the deceased from 1:00 PM 12/27/61 to 6:45 PM 12/27/61 and last saw him alive on 12/27/61					
Death occurred at 6:45 PM 12/27/61 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 1/2 S. W. 7th St. Kansas City, Mo.		22c. DATE SIGNED 12-29-61	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
Burial 1-2-62		1-2-62	Nath. Rem. Hl. Seaverworth Co.		Kc.
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
E. Sterling Bills		12/29/61		Ruth Long	

(Licensed Embroiderers' Union on Reverse Side)

100 of 1000

100

10th

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 E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1712

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.