

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010815

FILED MAR 19 1962 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 1192

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
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27003
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 days	c. CITY OR TOWN Raytown Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9808 E 53rd St Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle SCOTT Last BUTLER			4. DATE OF DEATH Month 2 Day 27 Year 1962
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 8/18/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce manager		10b. KIND OF BUSINESS OR INDUSTRY Kroger Gro. Stores	9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) Knob Noster, Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Walker Butler		13b. MOTHER'S MAIDEN NAME Margaret Bowman	14. NAME OF HUSBAND OR WIFE Ada Lawrence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.	17. INFORMANT Walker Butler, Son. 4148 E 6th St. K C Mo Address
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive upper GI hemorrhage - fatal Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. hemorrhage - site unknown DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary angina pectoris had history			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 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. I attended the deceased from 2-25-62 to 2-27-62 and last saw him alive on 2-27-62 Death occurred at approx 2:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm Thomas (Degree or title)		22b. ADDRESS Raytown, Mo.	22c. DATE SIGNED 2-28-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/1/62	23c. NAME OF CEMETERY OR CREMATORY Knob Noster	23d. LOCATION (City, town, or county) (State) Knob Noster, Mo
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home, K C Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 2-28-62	26. REGISTRAR'S SIGNATURE Ruth Long

Apr 11 AM 11 Today

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 *John P. Hill*
Licensed Embalmer No. 3625

P. O. Address *A. C. Hill*

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.

off, record, doc?