

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 1001  
2737

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN Leawood	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 2408 W. 86th Terrace 81503	

3. NAME OF DECEASED (Type or Print) a. (First) JANE		b. (Middle)	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) June 17, 1954	
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5. SEX / F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Feb. 9, 1919	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wichita, Kansas /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ray R. Irwin	13b. MOTHER'S MAIDEN NAME Ruth Evans	14. NAME OF HUSBAND OR WIFE Donald C. Brown
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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'S SIGNATURE OR NAME Ks. ADDRESS Mr. Donald C. Brown, 2408 W. 86th Terr. Leawood
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast with metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 9, 1954, to June 17, 1954, that I last saw the deceased alive on June 17, 1954, and that death occurred at 12:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald C. Farland</u> (Degree or title)	23b. ADDRESS <u>315 Nichols Rd.</u>	23c. DATE SIGNED <u>6-18-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/19/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6-18-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE</u> ADDRESS <u>Kansas City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. Donald McFarland  
215 (Plow) Med Bldg.

After 1:0

6  
20.1533

JS MAY 26 1960

JUL 17 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..... *F. S. Walton*

Licensed Embalmer No. 274

P. O. Address *K.C.M.*

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.