

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9072**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1300**

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 town(ship)) Kansas City	c. LENGTH OF STAY (in this place) 6 mo.	c. CITY OR TOWN Overland Park	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3537 Main Cow Home		e. STREET ADDRESS (If rural, give location) 8201 W 74 th st 6158	

3. NAME OF DECEASED (Type or Print) a. (First) Ada	b. (Middle)	c. (Last) Downs	4. DATE OF DEATH (Month) (Day) (Year) 3-23-56
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2- WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-30-1890	9. AGE (In years last birthday) 65	f UNDER 1 YEAR Months	g UNDER 1 YEAR Days	h UNDER 1 YEAR Hours	i UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Argentine; Kansas	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Steven Graves	13b. MOTHER'S MAIDEN NAME Elizabeth Cook	14. NAME OF HUSBAND OR WIFE D.V. Downs Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Son, Mr. Hubert Downs	ADDRESS 11224 W 67 th
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Right Breast 3q		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Johnson, Mo.
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?

22. I hereby certify that I attended the deceased from **5/16, 1955**, to **3/23, 1956**, that I last saw the deceased alive on **3/23, 1956**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard L. Lehner (Degree or title) D	23b. ADDRESS 1102 Grand Kansas City, Mo.	23c. DATE SIGNED 3/25/56
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE March 26-56	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 3-15-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Ralph Fulton, K.C.K.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
Richard L. Lehner

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... *Ralph Fulton*

Licensed Embalmer No. 3035

P. O. Address K. G. K.

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.