

FILED OCT 3 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4066

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank B. Leitz

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson <u>3678</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City / Inside Limits <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1134 Penn. Length of stay in lb 64 yrs.		d. STREET ADDRESS (If outside, give location) 1134 Penn. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Bernice Middle B. Last Becker			4. DATE OF DEATH Month Sept. Day 14 Year 1956
5. SEX Female	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 Oct. 12, 1891
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS.
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 country) Kansas City, Mo.
13. FATHER'S NAME Robert L. Brightwell		14. MOTHER'S MAIDEN NAME Cora Landes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yrs., give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Charles C. Becker Address 1134 Penn. K.C. Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized atherosclerosis DUE TO (b) Primary in Rt. ovary - probably. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. -PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) -			INTERVAL BETWEEN ONSET AND DEATH 4 mo 6 mo 175X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 5-9-56 to 9-14-56 and last saw her alive on 9-14-56 Death occurred at 11:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank B. Leitz M.D.		22b. ADDRESS 1530 Prof. Rd. Fairview Mo.	22c. DATE SIGNED 9-14-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 17, 1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR ADDRESS Stine & Mc Clure K.C. Mo.		25. DATE RECD. BY LOCAL REG. 9-17-56	26. REGISTRAR'S SIGNATURE Neva Minshall

Dr. Frank Lutz
K. Cassinal
No. 1-1331

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 *Gerald A. Burges*

Licensed Embalmer No. 4763

P. O. Address *K. C. Mo.*

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.