URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-010917

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1650 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 8 wks. ~~51 Yrs.~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN ~~Kansas City 15, Mo.~~ — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7524 Falmouth — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Betty Middle Last Edwards
4. DATE OF DEATH Month March, Day 19, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7/16/1908
9. AGE (last birthday) 51 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Louis Rolsky
13b. MOTHER'S MAIDEN NAME Rebecca Benjamin
14. NAME OF HUSBAND OR WIFE Harold Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---------
16. SOCIAL SECURITY NO. 491-22-0154
17. INFORMANT Harold Edwards Address 7524 Falmouth K.C., 15 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) Carcinoma Left Breast c̄ — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis — 6 mo
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 29, 1960, to 3-19-60 and last saw her/him alive on 3-19-60
Death occurred at 7:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H Passman MD
22b. ADDRESS 701 E 63
22c. DATE SIGNED 3/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/21/1960
23c. NAME OF CEMETERY OR CREMATORY MtCarmel Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS J.P.Louis Funeral Home, K.C.Mo.
25. DATE RECD. BY LOCAL REG. 3-21-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF H. Passman

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Guy Buffington.

Signature of Student Embalmer

Licensed Embalmer No. 2256

P. O. Address KGM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.