RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-045931
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6126

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: 3 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Platte
c. CITY OR TOWN: Parkville
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Breen Hills
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Adele Middle: Wirth Last: Breen
4. DATE OF DEATH: Month: Dec. Day: 5 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7/27/1899
9. AGE (last birthday): 61
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / 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: at home
11. BIRTHPLACE (City and state or country): Falls City, Neb.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Lewis P Worth
13b. MOTHER'S MAIDEN NAME: Maude Maurer
14. NAME OF HUSBAND OR WIFE: Charles M. Breen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give dates of service): No
16. SOCIAL SECURITY NO.: (None)
17. INFORMANT: Charles M Breen Address: Parkville 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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3-4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of the Ovary — 6-10 months
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 [X]
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 1951, to 1960 and last saw her/him alive on 11-27-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Bernard L. Mullins (Degree or title) M.D.
22b. ADDRESS: 1806 Swift St. Mo. K.C. 16 Mo
22c. DATE SIGNED: 12-6-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 8-1960
23c. NAME OF CEMETERY OR CREMATORY: Weston
23d. LOCATION (City, town, or county) (State): Weston Mo
24. FUNERAL DIRECTOR: Leland G. Francis ADDRESS: Parkville, Mo
25. DATE RECD. BY LOCAL REG.: 12-6-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Bernard L. Mullins MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leland H. Francis
401 Main -

Licensed Embalmer No. 3451

P. O. Address Parkville

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