RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

-60-048664

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6535

IDED

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 11 MONTHS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3516 SUMMIT STREET CRESTHAVEN CONVALESCENT HOME — 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 LEAWOOD — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8341 OVERBROOK ROAD — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GOLDIE Middle LEONA Last BROWN
4. DATE OF DEATH Month DECEMBER Day 24 Year 1960
5. SEX Female
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8/15/75
9. AGE (last birthday) 85 — 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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (City and state or country) MARION, ILLINOIS
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME RICHARD P. DODDS
13b. MOTHER'S MAIDEN NAME MARY F. O'NEIL
14. NAME OF HUSBAND OR WIFE JOHN W. BROWN
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. NONE
17. INFORMANT MRS. SYLVESTER MADDUX Address 8341 OVERBROOK LEAWOOD, KANS

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 Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinom left breast — 20 yrs
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 7-10-57, to 12-24-60 and last saw her/him alive on 12-19-60
Death occurred at 8:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Q. Lyddon, Jr. MD
22b. ADDRESS 1027 E. 75, K.C. MO.
22c. DATE SIGNED 12-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE DEC. 28, 1960
23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 12-28-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. R. Lyddon, Jr.

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_____ Signed Chester K. Brown

Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address KPM

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.