MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-001689

FILED VS FEB 8 1961

AMENDED

Registrar's District No. 149 Primary Registration District No. 1002 Registrar's No. 288 STATE FILE NUMBER

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 48 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Baptist Mem. Hospital
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 Overland Park
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6411 West 72nd St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GRACE Middle D. Last VAN ARSDALE
4. DATE OF DEATH Month January Day 17 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-25-1891
9. AGE (last birthday) 69
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) Purcell, Okla.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jeff Davis Brown
13b. MOTHER'S MAIDEN NAME Mary Dickard
14. NAME OF HUSBAND OR WIFE Charles E. VanArsdale
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 John Phillips Address 6411 West 72nd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma
DUE TO (b) of the Breast
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 1½ yrs.
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. 1960, to Jan. 1961 and last saw her him alive on Jan. 16, 1961
Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Pauline K. Pettigrew (Degree or title) M.D.
22b. ADDRESS 4140 W 71 St. Prairie Village Kans.
22c. DATE SIGNED 1-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1-17, 1961
23c. NAME OF CEMETERY OR CREMATORY Pittsburg Garden of Memories
23d. LOCATION (City, town, or county) (State) Pittsburg, Kansas

24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 1-17-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Pauline K. Pettigrew

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr Pauline Pettegrew
Pa Village Med Bldg
Suite 106
EN 2-1034
11-17:45
1:30-5

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 J. T. Freeman

Licensed Embalmer No. 2939

P. O. Address F. 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.