

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8525**
1390

FILED APR 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)
a. STATE Kansas b. COUNTY Wyandott

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Krestwood Medical Center
2700 Tracy

e. STREET ADDRESS (If rural, give location) 1947 N 45 th \$15.08

3. NAME OF DECEASED
a. (First) Mrs. Grace b. (Middle) F. c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) March 28-1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1872
March 26

9. AGE (In years) (In years) (Months) (Days) (Hours) (Min.)
82

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 Foreign Country) Jefferson City, Missouri

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Rev. Richard Foster

13b. MOTHER'S MAIDEN NAME Lucy Reed

14. NAME OF HUSBAND OR WIFE Robert Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Herbert Schmeltz, K.C.K.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive cardio-vascular disease

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 hrs

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
443X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June, 1946 to Mar. 28, 1954, that I last saw the deceased alive on Mar. 27, 1954, and that death occurred at 4:41 a.m., from the causes and on the date stated above.

23a. SIGNATURE Charles A. Lakaytis MD

23b. ADDRESS 2700 Tracy K.C. Mo

23c. DATE SIGNED 3/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 30-54

24c. NAME OF CEMETERY OR CREMATORY Highland Park

24d. LOCATION (City, town, or county) (State) Kansas City Kansas

DATE REC'D BY LOCAL REG. 3-29-54

REGISTRAR'S SIGNATURE Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ralph Fult on K.C.K.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

2700 Tracy
Lakaytis

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 *Ralph Fulton*.....

Licensed Embalmer No. *30*.....

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

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.