

FILED SEP 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. **29624**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN <u>Kan city Mo</u>	
c. LENGTH OF STAY (In this place) <u>27 yrs 15 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No 3 Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>112 E 80<sup>th</sup> Street 3008 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Lee</u> c. (Last) <u>Broules</u>	4. DATE OF DEATH (Month) <u>Sept</u> (Day) <u>9</u> (Year) <u>1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>July 30 1886</u>
9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>

10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ar Kansas 1</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>F.N. Lee</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>L.N. Broules (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or status of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hosp records</u>	ADDRESS <u>St. H. No 3 Nevada Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast (left)</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>(1952)</u> <u>2 yrs</u>  <u>(27 yrs)</u> <u>1927</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Somewhat breast parenchyma</u>		

19a. DATE OF OPERATION <u>3/23/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma left Breast 170 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office, highway) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

I hereby certify that I attended the deceased from Oct 26, 1953, to Sept 9, 1954, that I last saw the deceased alive on Sept 8, 1954, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur Degett M.D.</u>	23b. ADDRESS <u>State Hosp No 3 Nevada</u>	23c. DATE SIGNED <u>9-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sent. 9 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-11-54</u>	REGISTRAR'S SIGNATURE <u>Carroll J. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>	ADDRESS <u>Nevada, Mo.</u>
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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170  
1954

SEP 27 1954

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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 *Raymond F. Home*  
Licensed Embalmer No. *426*  
P. O. Address *K. R. 27*

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.