

Health, Welfare, Public Service  
 300  
 -56  
 All symptoms with or without  
 X  
 Coroner cannot certify to a death due to natural causes.  
 diseases in Part I must be casually related.  
 Leonard J. Graham  
 MEDICAL CERTIFICATE NUMBER  
 15-11-57

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

57020969  
 STATE FILE NUMBER  
 2861

Registration District No. 149 Primary Registration District No. 1005 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE HOSPITAL			Length of stay in lb 3 yrs	d. STREET ADDRESS (If outside, give location) 3623 Woodland	
3. NAME OF DECEASED (Type or print) First Middle Last Aita Irene Brown			4. DATE OF DEATH Month Day Year June 18 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 15, 1920	9. AGE (In years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator		10b. KIND OF BUSINESS OR INDUSTRY Colony of Charm	11. BIRTHPLACE (City and state or country) Montezuma, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Eastman			14. MOTHER'S MAIDEN NAME Nettie Beatty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 514-03-4290	17. INFORMANT Address Odis Brown, 3623 Woodland		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema					INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Embolism					12 hrs
DUE TO (c) Pelvic Surgery fibroma of ovary					Salpingo-oophorectomy
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY. Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 June 3-5, 1957 to June 18, 57 and last saw her alive on June 18, 57 Death occurred at 3:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Leonard J. Graham, M.D.			22b. ADDRESS 418 Bryant Bldg		22c. DATE SIGNED 6-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-19-57	23c. NAME OF CEMETERY OR CREMATORY Fairview CEMETERY		23d. LOCATION (City, town, or county) (State) Montezuma KANSAS	
24. FUNERAL DIRECTOR ADDRESS DW. NEWCOMER'S SONS 1331 BRUSH CROSS KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 6-19-57	26. REGISTRAR'S SIGNATURE neva mindall	

(Licensed Embalmer's Statement on Reverse Side)

1/21-1-6778

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Polie Kessel* .....

Licensed Embalmer No. 46

P. O. Address K.C.V.

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