RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-001416

FILED VS FEB 1 1960 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 298 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: 12 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5125 Swope Parkway — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5125 Swope Parkway — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Leoti — Middle: — Last: Brown

4. DATE OF DEATH: Month: Jan. — Day: 18, — Year: 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: June 6, 1869
9. AGE (last birthday): 90 — 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): Ohio
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: David Lytle
13b. MOTHER'S MAIDEN NAME: Mary Louise Mounts
14. NAME OF HUSBAND OR WIFE: John A. 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: George Nettleton Home, Kansas City, Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis, Basilar — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs+
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis — 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): Coronary Heart Dis. Congestive heart failure Fracture left hip 3 mos ago
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 1955, to 18 Jan 60 and last saw her alive on 16 Jan 60
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. B. Willoughby MD
22b. ADDRESS: K C Mo
22c. DATE SIGNED: 18 Jan 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-19-60
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 1-19-60
26. REGISTRAR'S SIGNATURE: Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF J. B. Willoughby

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 Thomas A. Koch

Signature of Student Embalmer

Licensed Embalmer No. 499

P. O. Address S. C., Va

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.