

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20392

2540

| | | | | | | | | |
|---|------------------------|---|---|--|---|--|--|--|
| 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 death.) a. STATE Mo. b. COUNTY Jackson | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 70 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 925 Prospect | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 925 Prospect | | | | 3178 3175 | | | | |
| 3. NAME OF DECEASED (Type or Print) DAISY | | a. (First) b. (Middle) LEE c. (Last) PATTERSON | | 4. DATE OF DEATH (Month) (Day) (Year) June 4 1950 | | | | |
| 5. SEX fe | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar. | 8. DATE OF BIRTH April 9 1877 | | 9. AGE (In years last birthday) 73 | 10. UNDER 1 YEAR Months | 11. UNDER 12 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (State or foreign country) Oskaloosa Kans | | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Samuel Grimes | | 13b. MOTHER'S MAIDEN NAME - Conwell | | 14. NAME OF HUSBAND OR WIFE Robert Patterson | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Patterson 925 Prospect | | | | |
| 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. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebro Vascula accident | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| | | ANTECEDENT CAUSES DUE TO (b) Hypertension | | | | | 3 years | |
| | | DUE TO (c) Arteriosclerosis | | | | | Year | |
| | | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | 331X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from Oct 19 48, H 5 June, 1950, that I last saw the deceased alive on 4 June, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE R.D. Dwyer (Degree or title) M.D. | | | | 23b. ADDRESS 1902 Light Ave. North Kan City Mo. | | 23c. DATE SIGNED 6/6/50 | | |
| 24a. BURIAL, CREMATION, REMOVAL Burial | | 24b. DATE 6-7-1950 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | | | |
| DATE REC'D BY LOCAL REG. 6-7-50 | | REGISTRAR'S SIGNATURE Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son, Inc Kansas City Mo. | | | | |

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

*Dr. P. D. Dwyer
1902 Swift*

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer:

Signed *E. M. Jones*

Licensed Embalmer No. *3453*

P. O. Address *2825 IND BLVD*

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 this body is not embalmed, fact should be so stated above.