

FILED DEC 9 1950

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37191**
Registrar's No. **4885**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. ST. NO. 1002

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, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 66 yrs		d. STREET ADDRESS (If rural, give location) 48 West 53rd Terr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 48 West 53rd Terr.			

3. NAME OF DECEASED (Type or Print)		a. (First) HERBERT	b. (Middle) LLEWELLYN	c. (Last) PATT	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 29, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William F. Patt	13b. MOTHER'S MAIDEN NAME Margaret Newman	14. NAME OF HUSBAND OR WIFE Jane Patt
--	---	---

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. —	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jane Patt, 48 West 53rd Terr., K.C. Mo.	ADDRESS
---	-------------------------------------	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure - Coronary atherosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis heart disease DUE TO (c) with heart block		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity		6 yrs + Years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 Nov. 10, 1950, to Nov. 20, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Walker MD MD (Degree or title)	23b. ADDRESS 836 Prof Bldg, K.C. Mo	23c. DATE SIGNED 11-20-50
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE 11-22-50	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. 11-20-50	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Mo.	ADDRESS
---	--	--	---------

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

Dr. Joseph E. Walker

1130 - 5:00

Prof. Bldg.
Vic 6087

836

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.....

Max E. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. *4355*

P. O. Address: *K.E. Ino*

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.