

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8731

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 999

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>7 mo.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mission Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5501 Aberdeen Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mima</b> b. (Middle) _____ c. (Last) <b>Patterson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 5, 1951</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 5, 1865</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Oklahoma</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Jed Wade</b>	13b. MOTHER'S MAIDEN NAME <b>Mary --</b>	14. NAME OF HUSBAND OR WIFE <b>Le Roy Patterson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. O. F. Nats,</b> ADDRESS <b>5501 Aberdeen Road, K.C.Ks.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	(a) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive myocarditis</b>		
	DUE TO (c) <b>Generalized arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture femur, neck</b>		<b>43X</b> <b>3 mos</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mission Township, Johnson, Kans.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 5, 1950 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fell on the floor</b>

22. I hereby certify that I attended the deceased from June 1950, to Mar 5, 1951, that I last saw the deceased  alive on Mar 5, 1951, and that death occurred at 3 pm m., from the causes and on the date stated above.

23a. SIGNATURE <b>Donald Kirk Piper MD</b> (Degree or title)	23b. ADDRESS <b>Kansas City, Mo.</b>	23c. DATE SIGNED <b>Mar 6, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>3-7-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>--</b>	24d. LOCATION (City, town, or county) (State) <b>El Reno, Oklahoma</b>
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DATE REC'D BY LOCAL REG. <b>3-6-51</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmea</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE UND. CO. KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

with man  
Body.

519  
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed May E Meyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 45557

P. O. Address 15 @ 110

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.