

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30389**  
Registrar's No. **3756**

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>73 years</b>		d. STREET ADDRESS (If rural, give location) <b>2537 Mersington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Frank</b>	b. (Middle) <b>M</b>	c. (Last) <b>Patterson</b>	(Month) <b>8</b>	(Day) <b>30</b>	(Year) <b>51</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2-27-78</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Treasurer Mo. Association of the Deaf</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Sterling, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	------------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME <b>Joseph Patterson</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Manahan</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Nellie Alice Patterson</b>
-----------------------------------------------	-------------------------------------------------------	-------------------------------------------------------------------

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. Nellie A. Patterson</b>	ADDRESS <b>2537 Mersington, Mo.</b>
----------------------------------------------------------------------------	-------------------------------------	----------------------------------------------------------------------	----------------------------------------

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		18. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <del>Supracondylar fracture rt. humerus and lateral plateau fracture rt. tibia</del>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

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) (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 Aug. 30, 1951, to Aug. 30, 1951, that I last saw the deceased alive on Aug. 30, 1951, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns, M.D.</b>	(Degree or title)	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>8-30-51</b>
--------------------------------------------	-------------------	------------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Sept. 1, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
-------------------------------------------	-----------------------------------	--------------------------------------------------------------------	------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>9-3-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>S. H. Newcome's Sons</b>	ADDRESS <b>Kansas City, Mo.</b>
-------------------------------------------	--------------------------------------------------	-----------------------------------------------------------------	------------------------------------

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert Ray*

Licensed Embalmer No. 4182

P. O. Address Kansas City

**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.