U.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38861

FILED DEC 13 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5211

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5535 Wabash

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 2008
d. STREET ADDRESS (If rural, give location): 5535 Wabash Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Leland
b. (Middle): Count
c. (Last): Patterson

4. DATE OF DEATH (Month) (Day) (Year): November 27 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept 17-1900
9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Testing Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Western Union
11. BIRTHPLACE (City and State or Foreign Country): Meadville Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Burr Patterson
13b. MOTHER'S MAIDEN NAME: Elizabeth A. Adams
14. NAME OF HUSBAND OR WIFE: Louise Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #1
16. SOCIAL SECURITY NO.: 487-10-3137
17. INFORMANT'S SIGNATURE OR NAME: Mrs Louise Patterson — ADDRESS: 5535 Wabash Ks. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Sclerosis — 5 years
DUE TO (c): — 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive Heart Failure — 1 month

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 3-25, 1947, *to* 11-27, 1952, *that I last saw the deceased alive on* 11-26, 19__, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Graham Asher M.D. MD
23b. ADDRESS: 1220 Professional Bldg Kansas City 6, Mo.
23c. DATE SIGNED: 11-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov-29-1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cem.
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 11-29-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomers Sons — ADDRESS: 1331 Brush Creek Kan. City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles H Stickney

Licensed Embalmer No. 4560

P. O. Address KC, Mo

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.