

FILED AUG 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28904
3940

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 admission). a. STATE Missouri	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Martin City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		STREET ADDRESS Box 7001	

3. NAME OF DECEASED (Type or Print) a. (First) Patricia Hilda b. (Middle) c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 8 4 1953		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, REWEDDED (Specify) DIVORCED 3	
8. DATE OF BIRTH Dec. 3, 1899		9. AGE (In years) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	
11. BIRTHPLACE MO (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Alphus M Powell	

13b. MOTHER'S MAIDEN NAME Kate Foreman FOREMAN		14. NAME OF HUSBAND OR WIFE	
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 Hazel Greer Kansas City, MO HAZEL GREER MD			

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension with congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 10000	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 July 28, 1953, to August 4, 1953, that I last saw the deceased alive on August 4, 1953, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns M.D.		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 8-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/7/1953		24c. NAME OF CEMETERY OR CREMATORY Palestine Cemetery	
DATE REC'D BY LOCAL REG. 8-7-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Passantino Bros Address KC, Mo.	

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

4554

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.....
Signature of Student Embalmer

Signed *Leonard C. Parmenters*

Licensed Embalmer No. *4554*

P. O. Address *KE 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.