

FILED SEP 7 1954

STANDARD CERTIFICATE OF DEATH

27370
State File No. 3923

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. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 20 yrs.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3501 Jefferson			e. STREET ADDRESS (If rural, give location) 48 3501 Jefferson 3488 D		

3. NAME OF DECEASED (Type or Print) PATTI HOLLERON			4. DATE OF DEATH AUGUST 11, 1954		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept. 23, 1900	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Amer. Hereford Ass'n	11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Harry Blee	13b. MOTHER'S MAIDEN NAME Mary O'Brien	14. NAME OF HUSBAND OR WIFE Thomas J. Holleron
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 487-34-4630	17. INFORMANT'S SIGNATURE OR NAME Getz Magady-Deputy Coroner	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probably coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH. flow
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 1-2-54, 19__, to 6-12-54, 19__, that I last saw the deceased alive on 6-12-54, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Nigro (Degree or title) M.D.	23b. ADDRESS 1222 McGee St Kansas City, Mo.	23c. DATE SIGNED 8-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Lexington, Missouri
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DATE REC'D BY LOCAL REG. 8-13-54	REGISTRAR'S SIGNATURE Herald Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS QUIRK & TOBIN, Linwood & Main, K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD J. A. Nigro M. D.

JAN 16 1957

1957

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 *Forrest D. Coldman*.....

Licensed Embalmer No. *4714*.....

P. O. Address *R. C. Moore*.....

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.