

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4007

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 WEEKS</u>	c. CITY OR TOWN <u>TRENTON</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH MEDICAL CENTER</u>		STREET ADDRESS (If rural, give location) <u>R. R. #5</u> <u>0400</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GROVER</u> b. (Middle) <u>C.</u> c. (Last) <u>PATTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 54</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-9-1890</u>
9. AGE (In years last birthday) <u>64</u>		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) <u>R.I. R.R.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.I. R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EAST, MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>RICHARD PATTON</u>	
13b. MOTHER'S MAIDEN NAME <u>LANE GATES</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIAN PATTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beatrice Williams</u>		ADDRESS <u>2438 VILLAGE DRIVE, DRAIRY VILLAGE, KANS.</u>	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hodgkin's Disease about 10</u> DUE TO (c) <u>months</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2017</u>	
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) m.		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 <u>Nov 1, 1953</u> to <u>Oct 28, 1954</u> , that I last saw the deceased alive on <u>Oct 28, 1954</u> and that death occurred at <u>9:10 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Morris Ginsberg</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1103 Grand</u>	
23c. DATE SIGNED <u>10-28-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>10/28/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TRENTON, MISSOURI</u>	
24d. LOCATION (City, town, or county) (State) <u>TRENTON, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-Titiley-Eylar</u> ADDRESS <u>R.C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-28-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
A. Morris Ginsberg

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 *Arthur Eugene Hook*

Licensed Embalmer No. *491*

P. O. Address *K.C. 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.