

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1955

State File No. 12101

1362

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1362			
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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 5 mos.		c. CITY OR TOWN Line Jack		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 8646 Pennsylvania				STREET ADDRESS (If rural, give location) Bon Dal. 1001					
3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Katherine c. (Last) Patrick			4. DATE OF DEATH (Month) (Day) (Year) March-24-1955						
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 12, 1887		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Pisgah - Cooper County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Schure			13b. MOTHER'S MAIDEN NAME Helen Swalm		14. NAME OF HUSBAND OR WIFE Charles B. Patrick				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Weight Patrick 8646 Fern - K.C. Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 9 mo		
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung, Primary</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>				II. OTHER SIGNIFICANT CONDITIONS			162h		
				Conditions contributing to the death but not related to the disease or condition causing death.					
				19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
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 10-55, 19 to 3-24, 1955 that I last saw the deceased alive on 3-1-55, and that death occurred at 9:05 P. M., from the causes and on the date stated above.									
23a. SIGNATURE Mark Dodge (Degree or title) Mark Dodge MD				23b. ADDRESS 4635 Wyandotte		23c. DATE SIGNED Mo 3-25-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-26-55	24c. NAME OF CEMETERY OR CREMATORY Booneville		24d. LOCATION (City, town, or county) (State) Booneville Mo.				
DATE REC'D BY LOCAL REG. 3-26-55		REGISTRAR'S SIGNATURE Vera Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thatcher Funeral Home Booneville					

(Licensed Embalmer's Statement on Reverse Side)

By Sidmond

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

APR 25 197

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 *H. LeRoy Mooney*

Licensed Embalmer No. 47

P. O. Address *K.C.*

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.