

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29789**
Registrar's No. **4040**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1027 E. 9th St.</u>		e. STREET ADDRESS (If rural, give location) <u>917 Forest St.</u>	

3. NAME OF DECEASED a. (First) <u>Patricia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Mills</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1955</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>June 3, 1923</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. Stores</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hughes, Okla.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Dewey S. Shelton</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Beckwith</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>499 07 7980</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Agnes Philip, Kansas City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8907</u> <u>46</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>8907</u> <u>46</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-15-55</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gas jets turned on</u>

22. I hereby certify that I attended the deceased from _____, 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23. SIGNATURE <u>Hugh H. OWENS</u> (Degree or title)	23b. ADDRESS <u>1034 Pinalto Bldg</u>	23c. DATE SIGNED <u>9-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/16/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-55</u>	REGISTRAR'S SIGNATURE <u>Reva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Larson Independence, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-300
0-48

FILED SEP 28 1955

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, ~~on~~ by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forrest D. Goldman*

Licensed Embalmer No. *4718*

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.