

FILED DEC 7-1956

## STANDARD CERTIFICATE OF DEATH

38189  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5024

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Ulman</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>PATSY JANE PARSONS</b>			4. DATE OF DEATH Month <b>Nov</b> Day <b>10</b> Year <b>1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 2, 1896</b>	9. AGE (In years last birthday) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Ulman, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Joseph Beard</b>			14. MOTHER'S MAIDEN NAME <b>Ann Harton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>John Parsons</b> Address <b>Ulman, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemorrhagic pneumonitis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause- (a), stating the underlying cause last.					
DUE TO (b) <b>Hemorrhagic diathesis and pancytopenia</b>					<b>4 wks</b>
DUE TO (c) <b>multiple myeloma</b>					<b>2 mos.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>203X</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE
21. I attended the deceased from <b>Nov. 17, 1956</b> to <b>Nov. 20, 1956</b> and last saw her <sup>him</sup> alive on <b>Nov. 19, 1956</b> Death occurred at <b>12:03 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>William F. Sanders M.D.</b> (Degree or title)			22b. ADDRESS <b>491 Nichols Rd. K.C. Mo</b>		22c. DATE SIGNED <b>Nov 20, 1956</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>11-20-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bolton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ulman, Missouri</b>
24. FUNERAL DIRECTOR <b>Melody Mc Silby - Eyles</b> ADDRESS <b>K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-20-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshel</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.William F. Sanders  
MEDICAL CERTIFICATION

*Dr. ...*  
*...*

*...*

VS JUN 27 1960

*...*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.