

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24765

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3071

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</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>Mission</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSP-</b>		Length of stay in lb <b>3 WEEKS</b>	d. STREET ADDRESS (If outside, give location) <b>5521 ROE BLVD.</b>

3. NAME OF DECEASED (Type or print) <b>SETH N. PATTERSON</b>			4. DATE OF DEATH <b>JUNE 30 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 19, 1882</b>	9. AGE (In years last birthday) <b>74</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FEED COMPANY</b>	11. BIRTHPLACE (City and state or country) <b>STERLING, COLORADO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>LE ROY PATTERSON</b>			14. MOTHER'S MAIDEN NAME <b>NANCY ARCHIDALE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>48734-3530</b>	17. INFORMANT <b>NANCY P. VAN LOENEN, ALTADENA, CALIFORNIA</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>Hepatitis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hepatic necrosis</b>	
	DUE TO (c) <b>Surgical trauma, carcinoma sigmoid</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input 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 _____ a. m. _____ p. m. _____		

20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE
21. I attended the deceased from <b>6-6-57</b> to <b>6-30-57</b> and last saw her alive on <b>6-30-57</b> . Death occurred at <b>8:25 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>F. B. Campbell M.D.</b> (Degree or title)		22b. ADDRESS <b>Warren City, Mo.</b>	22c. DATE SIGNED <b>7-1-1957</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>July 3, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b> (State)
24. FUNERAL DIRECTOR <b>R.W. NEWCOMER'S SONS K.C., MO.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7-2-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minahall</b>

000 -56  
Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
F. B. Campbell

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 *Adrian Jay Stitt* .....

Licensed Embalmer No. *48*

P. O. Address *N.C., 7*

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.