

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032908

STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4433

S. 300 4
1-57

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Colonial N.H.</u>		Length of stay in lb <u>16 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>543 PARK</u>
3. NAME OF DECEASED First Middle Last <u>GERTRUDE MAY PATTERSON</u>			4. DATE OF DEATH Month Day Year <u>9-16-1958</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 27, 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Film Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>motion picture</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas</u>
13a. FATHER'S NAME <u>W.E. Romick</u>		13b. MOTHER'S MAIDEN NAME <u>Anna L. Stratton</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>500-22-2437-A</u>	17. INFORMANT <u>Anetta Patterson</u> Address <u>543 Park</u> K.C. No.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>terminal pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio Sclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 year</u> <u>1 year +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Submax. Adentis 2 days. 4221</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug 24, 1958</u> to <u>Sept. 16, 58</u> and last saw her/him alive on <u>Sept 15, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marvin L. Bills M.D.</u>		22b. ADDRESS <u>411 Nichols Rd KC. Mo</u>	
22c. DATE SIGNED <u>9-17-58</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/18/1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>mt. Washington</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
24. FUNERAL DIRECTOR <u>C.H. Blackman & Son</u> ADDRESS <u>K.C., Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-18-58</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. No symptoms will be listed.



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 *Bert B. Bennet*

Licensed Embalmer No. *4656*

P. O. Address *N. C. 210*

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.