

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036552

STATE FILE NUMBER

FILED NOV 7 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4927

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, location) HOSPITAL OR INSTITUTION 401 E. Armour		Length of stay in lb 8 yrs	d. STREET ADDRESS (If outside, give location) 401 E. Armour		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND M. PATTERSON			4. DATE OF DEATH Month Day Year Oct. 18 1958		
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 17, 1909	9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Heating & Plumb		11. BIRTHPLACE (City and state or country) Marshall, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME W. F. Patterson		13b. MOTHER'S MAIDEN NAME Nannie Hunter	
14. NAME OF HUSBAND OR WIFE Mrs. Ruth Patterson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-05-9458	
17. INFORMANT Mrs. Ruth Patterson		Address 401 E. Armour		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>Crown Artery Thrombosis</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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? YES <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 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 Marshall		COUNTY Marshall		STATE Mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>Geo. C. Kealhofer, M.D.</i>			22b. ADDRESS <i>627 Park St. S.E. Des</i>		22c. DATE SIGNED <i>10-18-58</i>
23a. Special Observations REMOVED (Specify)		23b. DATE Oct 20, 1958	23c. NAME OF CEMETERY OR CREMATORY Ridge Park		23d. LOCATION (City, town, or country) (State) Marshall Mo
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home		ADDRESS 10-19-58		25. DATE RECD. BY LOCAL REG. 10-19-58	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>					

Geo. C. Kealhofer

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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 *James E. Hacklina*

Licensed Embalmer No. *4573*
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.