

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047159

STATE FILE NUMBER
5980

FILED JAN 21 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

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, give location) HOSPITAL OR INSTITUTION Trinity Hospital		Length of stay in lb 23 yrs.	d. STREET ADDRESS (If outside, give location) 3766 Washington		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ariel Middle N. Last Patterson			4. DATE OF DEATH Month Dec. Day 16, Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1896	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Aurora, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Edd O'Rourke		13b. MOTHER'S MAIDEN NAME Eliza Bell Nichols		14. NAME OF HUSBAND OR WIFE Troy 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. 495-05-0656	17. INFORMANT Address Anna Bell Boardman 9405 E. 65th. terr.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Resing Sat Reflect Sordiden poisoning					INTERVAL BETWEEN ONSET AND DEATH E-8710 14
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
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? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Sordiden poisoning			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 12-16-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.		COUNTY _____	STATE _____
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Rev. C. Keathner, Chaplain			22b. ADDRESS 6021 Walnut St. Cmo		22c. DATE SIGNED 12-17-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Dec. 19, 1958	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		23d. LOCATION (City, town, or county) (State) Joplin, Missouri
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. K. C. Mo.		ADDRESS _____		25. DATE RECD. BY LOCAL REG. 12-17-58	26. REGISTRAR'S SIGNATURE Neve Marshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

22-1-185-0

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 William H. Eary

Licensed Embalmer No. 4228

P. O. Address H. E. Mr.

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.