RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-019566

FILED VS JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2854 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 35 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hosp #1 — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 711 Admiral — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MR. Middle Bogie C. Last Patterson
4. DATE OF DEATH Month 5 Day 24 Year 60

5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/19/85
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Rushville, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Patterson
13b. MOTHER'S MAIDEN NAME Elizabeth Cramer
14. NAME OF HUSBAND OR WIFE Freda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-05-6111
17. INFORMANT Freda Patterson Address 711 Admiral

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhagic bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-24-60 to 5-24-1960 and last saw him alive on 5-24-1960
Death occurred at 6:15 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H L Dwyer MD.
22b. ADDRESS 2400 Sherry City
22c. DATE SIGNED 5/26/1960

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-27-60
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.
23d. LOCATION (City, town, or county) K. C. Mo. (State)

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS KC Mo.
25. DATE RECD. BY LOCAL REG. 5-26-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. L. Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Lloyd F. Dieckman, Student Embalmer No. 60-

working under my personal supervision.

Student Lloyd F. Dieckman
Signature of Student Embalmer

Signed James E. Hackleman

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 co
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.