

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 8 1960 77

3016

265 -60-026286
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b 5 Days	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 Charles E Still Osteo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4114 Pennsylvania		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Howard Vance Patterson			4. DATE OF DEATH Month July Day 27 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-9-92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 8 Days 18 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent		10b. KIND OF BUSINESS OR INDUSTRY Manufactures Agent	11. BIRTHPLACE (City and state or country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY America		
13a. FATHER'S NAME Mark Patterson		13b. MOTHER'S MAIDEN NAME Jennie Burns		14. NAME OF HUSBAND OR WIFE Neva Gillett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 444-09-4580	17. INFORMANT Mrs. Neva M. Patterson R.C. - Mo. Address 4114 Pennsylvania			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Medullary Failure Massive Retro-intraperitoneal Hemorrhage from Ruptured Abdominal Aorta Aneurysm DUE TO (b) General Arteriosclerosis DUE TO (c) General Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not include the terminal disease condition given in PART I (a)) (Arteriosclerosis)					INTERVAL BETWEEN ONSET AND DEATH Acute 5 Days Chronic	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. Month, Day, Year _____	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 July 22, 1960 to July 27, 1960 and last saw ^{her} him alive on July 27, 1960 Death occurred at 8:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE A Dale Atterbury D.O. (Degree or title)			22b. ADDRESS Camden, Mo		22c. DATE SIGNED 7-27-60	
23a. BURIAL, CREMATION, REMOVAL Remove + Burial	23b. DATE 30 July, 1960	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) Kansas City, Mo. (State)			
24. FUNERAL DIRECTOR Buescher Memorial Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 28 July 1960	26. REGISTRAR'S SIGNATURE R.P. Norris, M.D. - Richter, Mo.			
Newcomer J. Home - R.C. Mo.						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

MS AUG 8 1960 SA

AUG 17 1960

SEP 16 1960

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 ~~XXXXXXXXXXXXXXXXXXXX~~, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon M. Weston

Licensed Embalmer No. 4125
P. O. Address Perma, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.