

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. AUG 8 1960

149

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

3703

=60-022066
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas Missouri b. COUNTY Jackson Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City Prairie Village	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS 5301 W. 67th	
3. NAME OF DECEASED (Type or print) First DONALD Middle THURSTON Last PATTERSON		4. DATE OF DEATH Month 7th Day 14th Year 1960	
5. SEX 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 6-4-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
13a. FATHER'S NAME John Patterson		13b. MOTHER'S MAIDEN NAME Gertrude Richardson	14. NAME OF HUSBAND OR WIFE Constance Patterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or (if unknown) (If yes, give dates of service) Yes WWII		16. SOCIAL SECURITY NO. 488-36-8311	17. INFORMATION Constance Patterson (Wife)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral bronchopneumonia, severe			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Multiple sclerosis, advanced			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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. VA attended the deceased from 6-3-60 to 7-14-60 Death occurred at 8:15 p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Dr. Fritzlien</i> J. FRITZLIEN M.D.		22b. ADDRESS VA Hospital, K. C. Mo.	22c. DATE SIGNED 7/15/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7/16/60	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers	23d. LOCATION (City, town, or county) Kansas City Mo.
24. FUNERAL DIRECTOR ADDRESS Stine & McClure		25. DATE RECD. BY LOCAL REG. 7-16-60	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eugene Kern

Licensed Embalmer No. 46

P. O. Address K. C. O.

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