URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1 1960

5222-60-038250

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5222

NDED

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 Lift 16 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Childrens Mercy Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3012 E 23rd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Patricia Middle Lee Last Allen
4. DATE OF DEATH Month 10 Day 16 Year 1960
5. SEX Female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-2-'59
9. AGE (last birthday) 1 — IF UNDER 1 YEAR Months 5 Days 14 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY U.S
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Joyce Allen
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Joyce Allen — Address 3012 E 23rd K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Meningitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hydrocephalus
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 10-1-60, to 10-16-60 and last saw her/him alive on 10-16-60
Death occurred at 847 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert C. Miller MD
22b. ADDRESS 1700 Independence Ave
22c. DATE SIGNED 10/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-20-60
23c. NAME OF CEMETERY OR CREMATORY Lincoln
23d. LOCATION (City, town, or county) (State) K.C. Mo.

24. FUNERAL DIRECTOR Watkins Bros. — ADDRESS 18th & Benton
25. DATE RECD. BY LOCAL REG. 10-18-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

Herbert C. Miller

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th & Bent

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