

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034981

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4610

FILED SEP 24 1962

VS 300	DATE AMENDED
Rev. 4/59	
1	
2 <u>8450</u>	
3	
4 <u>1</u>	
5 <u>0</u>	
6	
7 <u>0</u>	
8 <u>1</u>	
9 <u>7600</u>	
10	
11	
12 <u>66-0</u>	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

John R. Patterson MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>7 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>8117 W 75st.</b>	
3. NAME OF DECEASED (Type or print) First <b>Janette</b> Middle <b>Carol</b> Last <b>Serra</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>8</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 1 1962</b>
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) <b>Kansas City, Mo.</b>
13a. FATHER'S NAME <b>Frank A Serra</b>		14. NAME OF HUSBAND OR WIFE <b>USA</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Frank A. Serra</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs. est.</b>	
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 <b>Overland Park, Kans</b>	
21. I attended the deceased from <b>9-7-62</b> to <b>9-8-62</b> and last saw her alive on <b>9-8-62</b> Death occurred at <b>4 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>9-8-62</b>	
22a. SIGNATURE <b>John R. Patterson M.D.</b>		22b. ADDRESS <b>6300 Glenwood Shawnee Mission Kansas</b>	
23a. MANNER OF BURIAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 10 1962</b>	23c. NAME OF CEMETERY OR CREMATORY AND LOCATION (City, town, or county) (State) <b>Jo. Co. Mem. Gardens Overland Park, Kans</b>	
24. FUNERAL DIRECTOR <b>Hoge Funeral Home, Overland Park,</b>		25. DATE RECD. BY LOCAL REG. <b>9-8-62</b>	
		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

USE BLACK INK OR TYPEWRITER RIBBON

2017

**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 J. Raye Hoge

Licensed Embalmer No. 3579

P. O. Address Owland Park, Mo

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.