MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-001778

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 472 STATE FILE NUMBER

FILED FEB 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

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: 55 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Baptist Memorial 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): 5641 Kenwood — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida Middle: B. Last: Patterson

4. DATE OF DEATH: Month: January Day: 24 Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-7-1880
9. AGE (last birthday): 83 Yrs — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Cass C. Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Benjamin DeVaney
13b. MOTHER'S MAIDEN NAME: Matilda Oldham
14. NAME OF HUSBAND OR WIFE: Frank P. Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of [redacted]
16. SOCIAL SECURITY NO.:
17. INFORMANT: Dr. Carroll P. Hungate Address: 6845 Oak

18. CAUSE OF DEATH (Enter only one cause per [redacted]
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Thrombosis Posterior Inferior Cerebellar Artery — 5 days
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 1-22-63, to 1-24-63 and last saw her/him alive on 1-25-63
Death occurred at 12:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin J. Mueller M.D.
22b. ADDRESS: 6400 Prospect
22c. DATE SIGNED: 1-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-26-63
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery
23d. LOCATION (City, town, or county) (State): Pleasant Hill, Miss uri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure Kansas City, Missouri
25. DATE RECD. BY LOCAL REG.: 1-24-63
26. REGISTRAR'S SIGNATURE: Ruth Long

MEDICAL CERTIFICATION: Martin J. Mueller

(Licensed Embalmer's Statement on Reverse Side)

~~Fred Jones~~
~~HA 1-784~~
~~238 Plaza Line Bldg~~
Dr Martin Mueller
6400 Prospect
Em 3-22-88

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, 3-22

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Behan W Meeker
Signature of Student Embalmer

Licensed Embalmer No. 5078

P. O. Address KC, 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.