

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8922
1380

| | | | | | | | | | |
|--|--|---|--|--|---|---|--|---------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 42 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 910 W. 45th. Street | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Martha | | b. (Middle) E. | | c. (Last) Patrick | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 24, 1950 | | | |
| 5. SEX Female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | | 8. DATE OF BIRTH Aug. 17, 1872 | | | |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. 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 | | | 11. BIRTHPLACE (State or foreign country) Illinois | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13a. FATHER'S NAME James W. Brisbane | | 13b. MOTHER'S MAIDEN NAME Dorothea Caldwell | | 14. NAME OF HUSBAND OR WIFE William A. Patrick | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Ralph E. Patrick, 910 W. 45th. Street | | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Broncho pneumonia, left ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Diabetes mellitus H2N1 | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 week yrs. yrs | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Pathologist | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) A. E. Upsher A. E. Upsher MD | | | | 23b. ADDRESS 2800 Main | | 23c. DATE SIGNED 3/24/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 3-27-50 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | |
| DATE REC'D BY LOCAL REG. 3-24-50 | | REGISTRAR'S SIGNATURE Seraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Missouri | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Elmer C. Wedelir

Signed

Student Embalmer

Licensed Embalmer No. 3495

P. O. Address K. C. 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 this body is not embalmed, fact should be so stated above.