

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8923

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>857</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1312 CHARLOTTE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VINYARD PARK HOSP</u>				d. STREET ADDRESS <u>1312 CHARLOTTE</u>				
3. NAME OF DECEASED (Type or Print) g. (First) <u>JAMES</u> b. (Middle) <u>A</u> c. (Last) <u>PATTERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 22 50</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. (MARRIED) NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>2/24/1918</u>		
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>--</u>	
13a. FATHER'S NAME <u>--</u>			13b. MOTHER'S MAIDEN NAME <u>--</u>			14. NAME OF HUSBAND OR WIFE <u>HATTIE PATTERSON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>496-05-1219</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS HATTIE PATTERSON</u> ADDRESS <u>1312 CHARLOTTE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial Infarction</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Sclerosis</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>		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 <u>HUGH H. OWENS</u> (Degree or title)				23b. ADDRESS <u>1038 Realto Blk</u>		23c. DATE SIGNED <u>2-22-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>KC MO</u>		
DATE REC'D BY LOCAL REG. <u>2-24-50</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SEBETO'S</u>		ADDRESS <u>K-C Mo</u>		

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ray E Snow*

Licensed Embalmer No. 25-60

P. O. Address KE 7M

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.