

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1950

State File No. 27054
3634

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1003 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) 40 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1330 Garfield		d. STREET ADDRESS (If rural, give location) 1330 Garfield 323	

3. NAME OF DECEASED (Type or Print) David Patterson			4. DATE OF DEATH (Month) (Day) (Year) Aug. 22, 1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 7, 1889	9. AGE (In years last birthday) 61 55	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Little Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Patterson	13b. MOTHER'S MAIDEN NAME Lou Jane Wells	14. NAME OF HUSBAND OR WIFE Leeless Patterson
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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. 712-03-6606	17. INFORMANT'S SIGNATURE OR NAME Fletcher Patterson - 1330 Garfield	ADDRESS 1330 Garfield
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18. CAUSE OF DEATH (If of only one cause per line for (a), (b), and (c)) *All this does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown		INTERVAL BETWEEN ONSET AND DEATH 44 5 X
	ANTECEDENT CAUSES Hypertensive Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to Pteris-Neurosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION History from clinic	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 Thos. K. Jones	(Doctor or Nurse)	23b. ADDRESS 1612 E 12 St	23c. DATE SIGNED 8/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/26/50	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 8-25-50	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Walter Brown	ADDRESS 1729 Lydia
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(Licensed Embalmer's Statement on Reverse Side)

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

C.A. Jones

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.....

L. Jerome Manlove

Signed.....

Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

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.

TO WHOM IT MAY CONCERN:

27054

I, Sadie Johnson, residing at 1330 Garfield, niece of the late David Patterson, who passed in Kansas City, Missouri on August 22, 1950, do hereby swear that he was born March 7, 1889 instead of March 7, 1895 as was stated on the Death Certificate.

Sadie Johnson

STATE OF MISSOURI

COUNTY OF JACKSON

Sworn and subscribed before me this 12th day of October 1950.

Bessie Jordan
Notary Public

My commission expires 10/6/54