

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4877

FILED MAR 3 1951

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>577</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</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. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>2316 Campbell Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u>			b. (Middle) _____			c. (Last) <u>PATTON</u>			
4. DATE OF DEATH <u>FEBRUARY 4 1951</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>			
8. DATE OF BIRTH <u>SEPTEMBER 15 1885</u>		9. AGE (In years last birthday) <u>65</u>		10. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CLAY COUNTY, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOHN THOMAS SPEAKER</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLYN UNK</u>		14. NAME OF HUSBAND OR WIFE <u>J. C. Patton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MATTIE TRUE</u> ADDRESS <u>1119 East 21st Street</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL VASCULAR ACCIDENT, UREMIA (CLINICAL)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> <u>ARTERIOSCLEROTIC HEART DIS. WITH CARDIAC FAILURE</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MALNUTRITION, DEHYDRATION</u> <u>SENILITY</u>				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>2-3</u> , 19 <u>51</u> to <u>2-4</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>2-4</u> , 19 <u>51</u> , and that death occurred at <u>3:05P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE OF REGISTRAR <u>Frank Ellis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>2-6-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nightland Cem</u>		24d. LOCATION (City, town, or county) (State) <u>20th + Blue City Chaska</u>			
DATE REC'D BY LOCAL REG. <u>2-7-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brigham Jones</u>		ADDRESS <u>7. Home</u>			

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.....

Laurene A. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. *4429*

P. O. Address *2300 E. 18th St. B.C.*

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.