

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8728
1276

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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>Over 50y</u>	c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2322 Flora Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>2322 Flora Ave. 3418</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornie</u> b. (Middle) <u>Cross</u> c. (Last) <u>Patrick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-21-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1892</u> <u>Feb. 6, 1892</u>	9. AGE (in years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 1000 Miles
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Advertising Director</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>	11. BIRTHPLACE (State or foreign country) <u>Parkersburgh, W. Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Cross</u>	13b. MOTHER'S MAIDEN NAME <u>Annie M. Dickerson</u>	14. NAME OF HUSBAND OR WIFE <u>William Patrick</u>
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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)	16. SOCIAL SECURITY NO. <u>500-22-1024</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hortense Johnson</u>	ADDRESS <u>2322 Flora</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>89⁰⁰ 21</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fractured fracture neck</u> DUE TO (c) <u>Right femur</u>		
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 <u>123</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Accidental</u>	21b. PLACE OF INJURY (e.g., in or about home, on highway, street, etc. See bldg., etc.) <u>Entering Room</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>
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21d. TIME OF INJURY <u>Feb. 4 1951 11:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall on ice while ascending steps</u>
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22. I hereby certify that I attended the deceased from 2-4-51 1951, to 3-21, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Royce B. Fleming</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1433 E-19th St</u>	23c. DATE SIGNED <u>3-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery, Inc. Kansas City, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Vine</u>
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DATE REC'D BY LOCAL REG. <u>3-23-51</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>West, Annleton & Jones, Inc.</u>	ADDRESS <u>1905/</u>
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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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 2710

P. O. Address R. 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.