

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16385

State File No.

FILED JUN 13 1952

BIRTH NO. 35737 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2365

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1416 Charlotte</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Riverside Hospital</u>		3878 3876	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Coke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 13 1952</u>	9. AGE (In years last birthday) <u>1</u> MONTHS <u>11</u> DAYS <u>11</u> HOURS <u></u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Smile Coke</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Pennington</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Betty Coke</u>	ADDRESS <u>1416 Charlotte K.C. Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Pharyngitis et tonsillitis</u>		<u>36 hrs</u>
	DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4721</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 5-23, 1952, to 5-24, 1952, that I last saw the deceased alive on 5-23, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold W. Bain</u>	(License or title)	23b. ADDRESS <u>2024150 Kambou Kansas City Kans</u>	23c. DATE SIGNED <u>5-24-52</u>
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24a. BURIAL CREMATION (REMOVAL)	24b. DATE <u>May 25 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Creighton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Creighton Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-24-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Consalus Funeral Home</u>	ADDRESS <u>Clinton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. B. Davis
4150 Rainbow
T A 3945

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Chas. E. Weeks

Licensed Embalmer No. *2644*

P. O. Address *J. E. Smith*

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.