

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35141
State File No. 4699

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 2 YEARS		d. STREET ADDRESS (If rural, give location) 7921 WILSON AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED a. (First) MAMIE b. (Middle) c. (Last) PATTERSON			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 25 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 1893 AUG-11-1893		9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOSTESS		10b. KIND OF BUSINESS OR INDUSTRY FIRST NATIONAL BANK		11. BIRTHPLACE (City and State or Foreign Country) TRENTON MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOE THOMPSON			13b. MOTHER'S MAIDEN NAME MARY FULWOUR			14. NAME OF HUSBAND OR WIFE WILLIE E. PATTERSON	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-14-2964		17. INFORMANT'S SIGNATURE OR NAME WILLIE E. PATTERSON ADDRESS 7921 WILSON AVENUE KANSAS CITY, MO.			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Disease		DUE TO (b) Mitral Stenosis						3 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Rheumatic Mitral Valvulitis						2 years	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death		Terminal Pulmonary Infection						4 years	

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)		410X	
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 October 16 1952, to October 25 1952, that I last saw the deceased alive on Oct. 24, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher (Degree or title)		23b. ADDRESS 1220 Professional Bldg. Kansas City 6 - Mo. - 10-27-52		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT-27-1952		24c. NAME OF CEMETERY OR CREMATORY SEYMOUR IOWA	

DATE REC'D BY LOCAL REG. 10-27-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE O. H. Newcomer ADDRESS 1351 BRUSH CREEK KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

267702

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 Basil J. Honey

Licensed Embalmer No. 4724

P. O. Address Cashland, Pa.

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.