

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42565

State File No. ....

FILED JAN 6 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 493

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson (Rural Blue)</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>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>25 yrs</u>  |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City (In county about 70yrs.)</u> |  | d. STREET ADDRESS (If rural, give location) <u>8811 Anderson (Rural Blue)</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8811 Anderson (home)</u>  |  |  |  |

|  |            |             |           |   |
|--|------------|-------------|-----------|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>James S. Patterson</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Dec. 9, 1952</u> |
|--|------------|-------------|-----------|---|

|                    |                               |   |  |  |
|--------------------|-------------------------------|---|--|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH<br><u>Dec. 25, 1875</u> | 9. AGE (In years last birthday) Months Days<br><u>76 11 14</u> |
|--------------------|-------------------------------|---|--|--|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Aurora, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|-----------------------------------|---|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>James S. Patterson, Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Julia (not known)</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Lula Patterson</u> |
|---|--|--|

|  |  |   |         |
|--|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>899-07-3989</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lonnie Burhle, Independence</u> | ADDRESS |
|--|--|---|---------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____                       |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death<br><u>arteriosclerosis, nephritis, diabetes mellitus</u> |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 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) m. | 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 Dec 5, 1952 to Dec 9, 1952, that I last saw the deceased alive on Dec 9, 1952 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

|   |                                    |                                 |
|---|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Carroll J. Sperry, MD</u> (Degree or title) | 23b. ADDRESS <u>5811 Truman Rd</u> | 23c. DATE SIGNED <u>12/9/52</u> |
|---|------------------------------------|---------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 11, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Six Mile Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>near Sibley, Missouri</u> |
|---|--------------------------------|---|--|

|  |  |  |         |
|--|--|--|---------|
| DATE REC'D BY LOCAL REG. <u>12-11-52</u> | REGISTRAR'S SIGNATURE <u>James H. Wilson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>V. M. Kempert - Buckner - Mo</u> | ADDRESS |
|--|--|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

.....  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer \_\_\_\_\_

Signed *V. M. Reppert*  
Licensed Embalmer No. 4311  
P. O. Address *Duckwood No*

**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.