

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25073**  
**3487**

FILED JUL 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>8 MONTHS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>431 WEST-58<sup>TH</sup> TERRACE</u>			
3. NAME OF DECEASED (Type or Print) <u>MARCEL</u>		a. (First) <u>S.</u>		b. (Middle) <u>Patterson</u>		c. (Last) <u>Patterson</u>	
4. DATE OF DEATH <u>JUN 12 1953</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	
8. DATE OF BIRTH <u>FEB. 25-1904</u>		9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSISTANT MANAGER NATIONAL SHIRT SHOPS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LYONS, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALVA PATTERSON</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE ALBAUGH</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>510-01-8025D</u>		17. INFORMANT'S SIGNATURE OR NAME <u>D.A. PATTERSON</u> ADDRESS <u>431 W. 58<sup>TH</sup> TERRACE KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <u>42 hr</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no post permit</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		21b. PLACE OF INJURY (e.g., 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:50 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugh B. OWENS</u> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED <u>7-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JULY 13 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRACELAND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LYONS, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>7-13-53</u>		REGISTRAR'S SIGNATURE <u>Gereldine Smith</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DW Neumann Sons Kansas City Mo</u>			

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

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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.....  
Signature of Student Embalmer

Signed *Edward M. Stone*.....

Licensed Embalmer No. *440*.....

P. O. Address *K.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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.