

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8868
892

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY MIAMI	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) LOUISBOURG	
c. LENGTH OF STAY (In this place) 13 DAYS		815-0 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity & LUTHERAN Hosp		d. STREET ADDRESS (If rural, give location) ERB APARTMENTS	

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE	b. (Middle) M.	c. (Last) PATTERSON	4. DATE OF DEATH (Month) (Day) (Year) FEB. 26-1954
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 10-1-1867
9. AGE (In years last birthday) 86	10. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEKEEPING	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alexander Patterson	13b. MOTHER'S MAIDEN NAME Ellen Frances Snell	14. NAME OF HUSBAND OR WIFE NONE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS - K.C. MO	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalo Malacia		332X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis unknown DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Perniciou anemia treated			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Smith-Petersen Hip Nailing Procedure Feb-16-54	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Louisburg Miami Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb-13 54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in Home

22. I hereby certify that I attended the deceased from **Feb-13, 1954**, to **Feb-26, 1954**, that I last saw the deceased alive on **Feb-25, 1954**, and that death occurred at **12:29 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Carl A. Brust (Degree or title) M.D.	23b. ADDRESS 106 W 4th St K.P. Mo	23c. DATE SIGNED 2/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-28-54	24c. NAME OF CEMETERY OR CREMATORY LOUISBOURG CITY	24d. LOCATION (City, town, or county) (State) LOUISBOURG, MIAMI KANSAS
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DATE REC'D BY LOCAL REG. 2-26-54	REGISTRAR'S SIGNATURE Steraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Walter S. ...	ADDRESS Louisburg, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1954

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 *Walter B. Runyan*

Licensed Embalmer No. *3222*

P. O. Address *Louisburg Kansas*

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.