

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12368

State File No.

FILED MAY 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>20</u>	
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>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grandview</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY OR TOWN <u>Harrisonville</u>		d. 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>Grandview Restorium</u>				e. STREET ADDRESS (If rural, give location) <u>01st</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u> b. (Middle) <u>CALOMA</u> c. (Last) <u>PATRICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1954</u>				
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>Dec 11 1873</u>	
9. AGE (In years) (If under 1 year last birthday) Months Days Hours Min. <u>80</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Stenographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or foreign country) <u>Harrisonville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Allen J. Patrick</u>		13b. MOTHER'S MAIDEN NAME <u>Lovina A. _____</u>		14. NAME OF HUSBAND OR WIFE <u>George C. Monroe</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George C. Monroe Harrisonville Mo.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>				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)			
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 <u>28 April 1954</u> to <u>Apr 29, 1954</u> , that I last saw the deceased alive on <u>April 29, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam D. Stoeper</u> (Degree or title)				23b. ADDRESS <u>Grandview, Mo.</u>		23c. DATE SIGNED <u>April 30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crest Cemetery</u>		24d. LOCATION (City, town or county) (State) <u>Harrisonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/30/54</u>		REGISTRAR'S SIGNATURE <u>Stehly & Goddard</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Oppenburger</u>		ADDRESS <u>Harrisonville Mo.</u>	

(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.....
Signature of Student Embalmer

Signed *James R. Phillips*

Licensed Embalmer No. *4691*

P. O. Address *Harrison*

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.