

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27083

3495

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                         |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY OR TOWN <b>Kansas City</b>                                    |  | c. CITY OR TOWN <b>Kansas City</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>35 yrs</b>                       |  | e. STREET ADDRESS (If rural, give location) <b>61 4420 Montgall</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b> |  |  |   |

|  |                               |                         |  |
|--|-------------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Henry</b> | b. (Middle) <b>(Patowsky)</b> | c. (Last) <b>Patten</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>8 8 56</b> |
|--|-------------------------------|-------------------------|--|

|                    |                               |  |                                     |   |                      |                        |      |
|--------------------|-------------------------------|--|-------------------------------------|---|----------------------|------------------------|------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> | 8. DATE OF BIRTH <b>8-3-10-1912</b> | 9. AGE (In years last birthday) <b>44</b> | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | Min. |
|--------------------|-------------------------------|--|-------------------------------------|---|----------------------|------------------------|------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>Warsaw, Poland</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|-----------------------------------|--|--|

|  |   |                             |
|--|---|-----------------------------|
| 13a. FATHER'S NAME <b>Louis Patowsky</b> | 13b. MOTHER'S MAIDEN NAME <b>Rachel Karcbaver</b> | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

|  |  |  |                     |
|--|--|--|---------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>Unknown</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Carl Patowsky</b> | ADDRESS <b>Home</b> |
|--|--|--|---------------------|

|   |   |             |                                  |
|---|---|-------------|----------------------------------|
| 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, asphyxia, 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) <b>Cirrhosis of the liver with hepatic coma - infectious hepatitis</b>                                 |             |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |             |                                  |
| II. OTHER SIGNIFICANT CONDITIONS <b>Distention of left diaphragm - anteroposterior heart disease</b>  |   | <b>0927</b> |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>acute cholecystitis</b> | 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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>ang</b> |
|--|--|---------------------------------------|

22. I hereby certify that I attended the deceased from July 1, 1954, to July 8, 1956, that I last saw the deceased alive on July 6, 1956, and that death occurred at 4:37 pm., from the causes and on the date stated above.

|  |                                       |                                |
|--|---------------------------------------|--------------------------------|
| 23a. SIGNATURE <b>Gustave Eisemann</b> (Degree or title) <b>M.D.</b> | 23b. ADDRESS <b>701 E 63rd Street</b> | 23c. DATE SIGNED <b>8/9/56</b> |
|--|---------------------------------------|--------------------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>8-9-56</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Sheffield</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b> |
|---|-------------------------|---|---|

|  |  |  |                         |
|--|--|--|-------------------------|
| DATE REC'D BY LOCAL REG. <b>8-9-56</b> | REGISTRAR'S SIGNATURE <b>Neva Minshall</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis Fun'l Home</b> | ADDRESS <b>K.C. Mo.</b> |
|--|--|--|-------------------------|

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

Dec 3, 1950

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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address R. L. Ma...

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.