

FILED DEC 7 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38174**

4979

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas city</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Prairie Village</u> 8150	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>7656 Colonial Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Aileen</u> c. (Last) <u>Nelson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1956</u>
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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>June 8 1956</u>	9. AGE (In years last birthday) Months Days <u>5 8</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas city Kansas</u>	

13a. FATHER'S NAME <u>Robert J. Nelson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret O'Neill</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert J. Nelson</u>	ADDRESS <u>Prairie Village, Ka.</u>
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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, ashenia, 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) <u>anoxic encephalopathy</u>		<u>12 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>febrile convulsion</u> DUE TO (c) <u>fibrocystic disease</u>		<u>24 hr.</u> <u>since birth</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>157</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-15, 1956, to 11-16, 1956, that I last saw the deceased alive on 11-16, 1956, and that death occurred at 1400 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. W. Wise M.D.</u>	23b. ADDRESS <u>Plaza Parkway PLUG</u>	23c. DATE SIGNED <u>11-16-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson County Kansas</u>
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DATE REC'D BY LOCAL REG. <u>11-17-56</u>	REGISTRAR'S SIGNATURE <u>Neon Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur H. Hoge</u>	ADDRESS <u>Overland Park, Ka.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Geo. W. Wise

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

J. Royce Hago

Licensed Embalmer No. *3579*

P. O. Address *Overland Park, Kan.*

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.