

Health, Welfare
Public Service

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

32088
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3988

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. Hospital			Length of stay in lb 49 yrs		g. STREET ADDRESS (If outside, give location) 3227 Prospect		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Glenn F. Middle Pate Last Pate				4. DATE OF DEATH Month 8th Day 23rd Year 1957							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2-27-08		9. AGE (In years last birthday) 49 yrs			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman			10b. KIND OF BUSINESS OR INDUSTRY NEWSSTAR Newspaper		11. BIRTHPLACE (City and state or country) K.C., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Wilborn F. Pate			13b. MOTHER'S MAIDEN NAME Cordelia Sires			14. NAME OF HUSBAND OR WIFE BETTY PATE					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) YES World War II			16. SOCIAL SECURITY NO. 486104188		17. INFORMANT M. FRANCIS PATE, 5031 Wyandotte, K.C. Mo. V.A. Hospital Records, K.C., Mo.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia, massive, right upper and middle lobes, and left upper lobe							INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) and left upper lobe											
DUE TO (c) Pneumonia, massive, right upper and middle lobes							491 X				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fatty metamorphosis, liver							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)								
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. Attended the deceased from August 22, 1957 to August 23, 1957 and was present Death occurred at 5:05p m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE J. A. Turner (Degree or title)				22b. ADDRESS MD V.A. Hospital, Kansas City, Mo				22c. DATE SIGNED 8-23-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG. 26. 1957		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY		(State) MISSOURI			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1581 S. BASHY CREEK KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 8-26-57		26. REGISTRAR'S SIGNATURE Neva Minshall					

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 Chester K Brown

Licensed Embalmer No. 493

P.O. Address K C Rd

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.